

# Roman Way Medical Centre

## Quality Report

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Date of inspection visit: 26 September 2017

Date of publication: 27/10/2017

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this service

Good



Are services effective?

Good



Are services caring?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Roman Way Medical Centre on 12 January 2017. The overall rating for the practice was requires improvement. The full comprehensive report on the 12 January 2017 inspection can be found by selecting the 'all reports' link for Roman Way Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was a desk based review carried out on 26 September 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified at our previous inspection on 12 January 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- Processes were in place to ensure QOF performance was monitored with a view to improvement..

- Systems were in place to improve the uptake for the national cervical screening programme.
- The practice had undertaken a patient survey into the provision of nursing care and found an improvement in the way the nurse listened, treated patients and involved them in their care.
- Processes were in place to raise the awareness of carers.
- A cleaning schedule for the cleaning of hand held clinical equipment had been produced and was up to date.
- All medical emergency equipment was housed in one place and all staff were aware of the location.

The areas where the provider should make improvement are:

- Continue to monitor and improve the cervical screening uptake rate.

**Professor Steve Field CBE FRCP FFPH FRCGP**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services effective?

The practice is rated as good for providing an effective service.

- Processes were in place to ensure QOF performance was monitored with a view to improvement.
- Systems were in place to improve the uptake for the national cervical screening programme.

Good



### Are services caring?

The practice is rated as good for providing a caring service.

- The practice had undertaken a patient survey into the provision of nursing care and found an improvement in the way the nurse listened, treated patients and involved them in their care.
- Processes were in place to raise the awareness of carers.

Good



# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The provider had resolved the concerns for effective and caring identified at our inspection on 12 January 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

The provider had resolved the concerns for effective and caring identified at our inspection on 12 January 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Families, children and young people

The provider had resolved the concerns for effective and caring identified at our inspection on 12 January 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Working age people (including those recently retired and students)

The provider had resolved the concerns for effective and caring identified at our inspection on 12 January 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns for effective and caring identified at our inspection on 12 January 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for effective and caring identified at our inspection on 12 January 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Summary of findings

## Areas for improvement

### Action the service **SHOULD** take to improve

- Continue to monitor and improve the cervical screening uptake rate.

# Roman Way Medical Centre

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC inspector.

## Background to Roman Way Medical Centre

The Roman Way Medical Centre is located in the London Borough of Islington. The practice is part of the NHS Islington Clinical Commissioning Group (CCG) which is made up of 38 practices. It currently holds a General Medical Service (GMS) contract to provide primary medical care services to 4713 patients.

The practice serves a diverse population with many patients attending where English is not their first language. The practice has a mixed patient population age demographic with 30% under the age of 18 and 19% over the age of 65. The Roman Way Medical Centre is situated within a purpose built building. Consulting rooms and administrative offices are situated on the ground level. There are currently two full time GP partners (one female and one male) Each GP carries out eight sessions per week. The practice had recently lost a full time partner and was recruiting for more GP cover. Practice staff also consisted of a practice nurse (who works 24 hours a week), practice manager and administrative staff.

The practice is open between 8.45am and 6.30pm each week day except Thursday when the practice is open from 8.45 am to 1.00pm. Appointments are from 9.00am to 12.00pm every morning and 3.00pm to 6.30pm daily. Extended surgery hours are offered on a Monday, Tuesday, Wednesday and Friday from 6.30pm to 7.00pm. In addition

to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments are also available for people that needed them. Patients are able to book appointments on line.

The practice has opted out of providing an out of hours service and refers patients to the local out of hours service or the '111' service.

The service is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, maternity and midwifery services and the treatment of disease, disorder or injury.

The practice provides a range of services including child health and immunisation, minor illness clinic, smoking cessation clinics and clinics for patients with long term conditions. It also provides health advice and blood pressure monitoring.

The practice was previously inspected in March 2016. It was given an overall rating of requires improvement. The practice was inspected further in January 2017 and was rated as requires improvement overall and received a requirement notice for Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance. At this inspection we found that the matters leading to this breach in regulation had been addressed.

## Why we carried out this inspection

We undertook a follow up desk based inspection of Roman Way Medical Centre on 26 September 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

# Detailed findings

## How we carried out this inspection

We carried out a desk-based focused inspection of Roman Way Medical Centre on 26 September 2017. This involved reviewing evidence that:

- Systems had been put in place to address low QOF scores and low scores for the national cervical screening programme.
- Processes were in place to raise awareness of carer responsibilities.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 12 January 2017, we rated the practice as requires improvement for providing effective services as there were not adequate arrangements in place to improve QOF scores specifically with regard to COPD. QOF is a system intended to improve the quality of general practice and reward good practice. Neither was there a plan in place to improve the scores from the national cervical screening programme.

These arrangements had significantly improved when we undertook a follow up inspection on 26 September 2017. The practice is now rated as good for providing effective services.

### **Management, monitoring and improving outcomes for people**

The practice provided evidence to show an improvement in the number of QOF points obtained. Data from 2015/16, which was reviewed at the previous inspection, showed that the practice had attained a total of 88% of the total points available. The practice had implemented an action plan to improve these scores which included the holding of regular QOF meetings and the implementation of a new

exception reporting and patient recall protocol. The practice attained a total of 92% of the total QOF points for 2016/17. The practice focussed on raising the points for patients with COPD and attained 97% in 2016/17 compared to 77% the previous year. Evidence was seen of a quality improvement project which targeted patients with diabetes in order to raise the number of points for this area which the practice identified as an area of concern.

### **Supporting patients to live healthier lives**

The practice had implemented new processes to ensure improvement in the uptake for the national cervical screening programme. This included ensuring that the newly appointed practice nurse was appropriately qualified and registered on the regional sample takers database, having a designated administrative member of staff assigned to calling patients in regard to the cervical screening programme and making specific appointments available with a GP for cervical screening so appointments were still available when the nurse was not working. At the previous inspection in January 2017 the practice recorded an uptake of 68% which was below the CCG average of 77%. They have now recorded a slight improvement by recording 70%. The practice has identified this as an area to focus on for continued improvement.



# Are services caring?

## Our findings

At our previous inspection on 12 January 2017, we rated the practice as requires improvement for providing caring services as the practice processes were not in place to identify carers and the practice had not addressed the poor scores in the national GP patient survey in respect to care provided by nursing staff.

We found that work had been undertaken to identify more carers and that considerable work had been undertaken to improve patient survey scores when we undertook a follow up desk based review on 26 September 2017. The practice is now rated as good for providing caring services.

### Kindness, dignity, respect and compassion

The practice undertook a patient survey in relation to practice nursing in August and September 2017 based on the questions asked in the national GP patient survey. They found from the 90 patients that completed the survey that patient's had a positive experience when seeing the nurse at the practice. The practice compared the results to the national GP patient survey published in January 2017.

The results from the practice survey included

- 96% said that they were listened to compared to 82% from the national survey and the CCG average of 86%
- 91% stated that they had enough time with the nurse compared to 84% from the national survey and the CCG average of 86%.
- 89% said that they were treated with care and concern by the nurse compared to 81% from the national survey and the CCG average of 86%.

- 95% had confidence in the nurse compared to 87% from the national survey and the CCG average of 95%.

### Care planning and involvement in decisions about care and treatment

The practice undertook a patient survey in August and September 2017 into the service provided by the nurse and compared it to the results of the national GP patient survey published on January 2017. The results included:

- 86% felt they were involved in decisions about their care compared to 69% from the national survey and the CCG average of 79%.
- 89% said that the nurse explained treatment compared to 75% in the national survey and the CCG average of 84%.

### Patient and carer support to cope emotionally with care and treatment

The practice had put processes in place to raise the awareness of carers in order to increase the number of carers on its register. This included information on display in the waiting room and on the practice website. A staff meeting was also held to raise awareness of carers within the staff team ensuring staff knew what to look for. The practice had planned a carer's week in October 2017 working with the Islington carer's hub. . At the last inspection in January 2017 the practice had recorded 36 patients as carers (less than 1% of the practice list). At this desk based review evidence was provided that 75 carers are now on the register (just over 1% of the practice list).