

Islington Central Medical Centre

Quality Report

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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 safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

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 on 29 April 2015. Overall the practice is rated as good.

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.

Our key findings across all the areas we inspected were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

However there were areas of practice where the provider needs to make improvements.

The provider should -

- Continue with efforts to improve patients' access to the service by monitoring telephone contact and the appointments system and publicise the availability of evening appointments.
- Continue with efforts to increase the membership of the patient participation group for it to be more representative of the patient population.

Summary of findings

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 safe?

The practice is rated as good for providing safe services.

Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health.

Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services.

Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

Patients had experienced problems in contacting the practice by phone and with the appointments system. However, we saw that the practice had taken action to address the concerns, by arranging for

Good



Summary of findings

improvements to the phone system, providing online facilities to book appointments and by taking on extra staff. It was continuing to monitor the situation. Urgent appointments were available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy.

Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk.

The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active and the practice was making efforts to increase membership to be more representative of the patient population.

Staff had received inductions, regular performance reviews and attended staff meetings and events.

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 practice is rated as good for the care of older people.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people.

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

Good



Summary of findings

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It had carried out annual health checks for people with a learning disability and 73% of these patients had received a follow-up. It offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

Eighty-five per cent of people experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing in line with local and national averages. There were 105 responses and a response rate of 27%.

- 46% find it easy to get through to this surgery by phone compared with a CCG average of 76% and a national average of 73%.
- 88% find the receptionists at this surgery helpful compared with a CCG average of 86% and a national average of 87%.
- 79% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 83% and a national average of 85%.
- 85% say the last appointment they got was convenient compared with a CCG average of 87% and a national average of 92%.
- 54% describe their experience of making an appointment as good compared with a CCG average of 69% and a national average of 73%.

- 49% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 61% and a national average of 65%.
- 30% feel they don't normally have to wait too long to be seen compared with a CCG average of 52% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 58 comment cards which were all very positive about the standard of care received. Patients said that staff were very caring, attentive and respectful. Patients said they were never rushed at appointments, that procedures were explained fully and they could ask as many questions as they wished. Patients said the environment was safe and hygienic. Ten of the comments cards mentioned delays in obtaining appointments and waiting times at the surgery, although four cards mentioned the appointments system had improved over recent months.

Areas for improvement

Action the service **SHOULD** take to improve

- Continue with efforts to improve patients' access to the service by monitoring telephone contact and the appointments system and publicise the availability of evening appointments.
- Continue with efforts to increase the membership of the patient participation group for it to be more representative of the patient population.

Islington Central Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser, a practice manager specialist adviser and an Expert by Experience. An expert by experience is a person who has personal experiences of using or caring for someone who uses this type of service.

Background to Islington Central Medical Centre

The Islington Central Medical Centre operates from 28 Laycock Street, London N1 1SW. The practice provides NHS primary medical services through a General Medical Services (GMS) contract to approximately 16,000 patients. The practice is part of the NHS Islington Clinical Commissioning Group (CCG) which is made up of 38 general practices.

The patient profile for the practice indicates a population of more working age people than the national average, with a particularly high proportion of younger adults in the 25 to 40 age range. There are a lower proportion of children and older people in the area compared with the national average.

The clinical staff of 15 doctors was made up of three partners and 12 employed GPs. Nine of the GPs were female and six male. Two of the GPs were on extended leave at the time of the inspection. There were three practice nurses. There was a practice manager, who had

been appointed shortly before our inspection, and an administrative team of 13. It is a training practice and at the time of the inspection there were two registrars in training assigned to the practice.

The practice is open between 8.00am and 6.30pm on Monday, Tuesday, Thursday and Friday. On Wednesday it closes at 4.00pm. Appointments with GPs and nurses are available at all times throughout the day. The practice operates extended hours on Monday, Tuesday and Thursday until 8.30pm for booked appointments only.

The practice has opted out of providing an out of hours service. Patients calling the practice when it is closed are connected with the local out of hours service provider. There is also information provided to patients regarding a local walk in centre, a service which is available to all patients and open seven days a week, and details of the NHS 111 service.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. It had not been inspected previously.

How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?

Detailed findings

- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 29 April 2015. During our visit we spoke with a range of staff, including the partners, employed doctors, registrars and nurses. We also spoke with the practice manager, administrative staff and 17 patients who used the service. We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients.

We reviewed 58 comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. We looked at the records of significant events. There were six recorded during the previous 12 months. We saw that all had been dealt with appropriately, discussed at practice meetings and recorded in minutes, and that learning was circulated appropriately to staff. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. We saw that the practice carried out regular reviews and analyses of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, when a batch of vaccines was delivered and left out of the fridge for several hours by a new member of the reception staff, further training was initiated and procedures introduced for checking and overseeing by senior administrative staff and the practice manager. Staff told us of another incident, involving an aggressive patient, being discussed at a practice meeting, which led to training in conflict resolution being provided to staff.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. Alerts were processed by a named administrator and distributed appropriately to clinical staff. We were shown an example of how a recent drug alert had been dealt with.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to

all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Two of the GP partners were leads for adult and child safeguarding respectively. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated a good understanding of their responsibilities. We saw that GPs and nurses had been trained in adult safeguarding to level three and in child protection, whilst non-clinical staff also had up to date adult and child safeguarding training appropriate to their roles. We looked at a number of healthcare records on the practice's computer system and noted that appropriate alerts had been added to identify concerns, such as child protection issues, to staff.

- A notice was displayed in the waiting room and in the treatment rooms, advising patients that staff were available to act as chaperones, if required. We saw evidence that all staff who carried out chaperoning duties were trained for the role and had received a disclosure and barring service check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. We were given evidence of an up to date fire risk assessment and that regular fire drills were carried out. We saw that the building's fire and smoke alarms had been tested, together with emergency lighting. We were shown evidence that the fixed wiring and all portable electrical equipment had been checked to ensure the equipment was safe to use. We saw that clinical equipment had been inspected in March 2015 and calibrated to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control, and a legionella risk assessment had been carried out the week preceding our inspection.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. Patients we spoke with and who completed comments cards had no concerns over cleanliness and

Are services safe?

hygiene. We saw that written cleaning schedules were being followed. Soap and towels were available in all the consulting rooms and disinfectant gel dispensers were located throughout the building. Disposable curtains in the consultation rooms had recently been changed and dated. Couches were cleaned with detergent wipes between consultations and paper towel rolls were used to cover them. Sharps bins were suitably located and dated to ensure that waste was disposed of appropriately. There was a sufficient supply of personal protective equipment for staff, such as disposable aprons, surgical gloves and masks. The lead practice nurse was the named infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and we were shown evidence that all staff had up to date infection control training. Annual infection control audits were undertaken, the most recent being in June 2014, and we saw evidence that action was taken to address any improvements identified as a result.

- The practice had an up-to-date policy for managing medicines, including emergency drugs and vaccinations, to keep patients safe. It covered such issues as obtaining, prescribing, recording, handling, storing and security. Staff we spoke with were familiar with the written procedures. The practice had a number of fridges for storing drugs and vaccines. These were secured with locks, had visible temperature gauges, and each had a copy of the written monitoring protocol attached. Fridge plugs were labelled to ensure they were not switched off by mistake. We saw that temperature monitoring records were complete. The fridges were appropriately stocked and all drugs and vaccines we checked were within date and suitable for use. There were records to show that stock was monitored on a monthly basis. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Data showed that prescribing at the practice was in line with national indicators. Prescription pads were securely stored and there were systems in place to monitor their use.

- Recruitment checks were carried out and the 15 files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We were shown evidence that DBS checks were repeated at appropriate intervals, with some due to be done shortly after our inspection. The practice later confirmed the checks had been carried out.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The clinical team was a large one and members had varied career backgrounds and experience of various specialisms. They told us they routinely discussed cases and sought each other's views on clinical matters.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. Most staff had received annual basic life support training at the time of our inspection. The need for some to receive refresher training had been identified by the practice and arrangements had been made for it to be provided. Emergency equipment, such as a defibrillator, oxygen supply, with adult and children's masks, and emergency medicines were available in a secure room. Staff knew where this was located and how to access it. We checked and confirmed that the defibrillator pads were in date, that the battery was charged for use and that emergency drugs were within date.

The practice showed us its comprehensive business continuity plan to be implemented for major incidents such as power failure or building damage. The plan contained an assessment of possible risks. It included emergency contact numbers for staff and made provision for the practice to relocate to another surgery nearby.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Staff mentioned a recent example relating to cholesterol guidelines being discussed at a clinical meeting. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 99.2% of the total number of points available, with 7.8% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/14, being the most recent available, showed:

- Performance for diabetes related indicators was 100%, being 9.5% above the CCG average and 9.9% above the national average.
- Performance for hypertension related indicators was 100%, being 8.1% above the CCG average and 11.6% above national average.
- Performance for mental health related indicators was 90.8%, being 1.1% above the CCG average and 0.3% above national average.
- Performance for dementia related indicators was 100%, being 4.2% above the CCG and 6.6% above the national average.
- The dementia diagnosis rate, adjusted by the number of patients in residential care homes, was 0.75%, being above the national rate of 0.54%.

The practice had signed up to locally commissioned Avoiding Unplanned Admissions Direct Enhanced Service. As part of the service, 275 patients had been identified as being at high risk of admission to hospital. The practice showed us data to confirm that all patients on the register had up to date care plans in place and 83% of them had had structured annual medication reviews for polypharmacy. Patients discharged from hospital were monitored using discharge letters received at the practice. All such patients had received either face-to-face or telephone consultations with GPs.

The practice used its clinical records system to identify and code patients at risk of developing long term conditions. Those identified received structured annual reviews. The practice maintained a register of 328 diabetic patients and data showed that an annual foot check and eye check had been carried out for 92% of the eligible patients. All patients aged over 75 and those with identified long term conditions had a named GP.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patient outcomes. We looked at four examples where audit cycles had been completed. These included prescribing audits relating to Combined Clopidogrel and Omeprazole, and Prednisolone. The audits had resulted in changes to patients' prescribed medication to reduce the possibility of adverse effects, with Lansoprazole replacing Omeprazole and an increase in the number of patients at risk of osteoporosis being prescribed appropriate medication to reduce bone tissue loss. The improvements made were implemented and monitored. Other audits included frequent monitoring of record-keeping and how consultations were conducted.

The practice participated in applicable local audits, benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, we saw a statement from the Islington CCG medicines management team, saying that practice staff had supported the development of new computer software and audits.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. Most staff had had an appraisal within the last 12 months. We saw plans already in place for the new practice manager to complete the few outstanding appraisals following the inspection.
- Staff received training that included safeguarding, fire procedures, infection control, equality and diversity and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared in a timely way, for example when people were referred to other services. We were shown a large number of written testimonials from secondary care providers and other healthcare professionals who were very positive in their comments about the practice and its work.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance. We saw that a number of clinical staff had received recent refresher training in consent and that plans were in place for the remaining staff members to have the training. We were shown the practice's consent form template, available to staff on the practice's computer system.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. One of the employed GPs specialised in health promotion, providing advice on improving nutrition, reducing stress and enhancing recuperative sleep. Patients were then signposted to the relevant service. The practice maintained a register of patients experiencing poor mental health and had invited those aged 40 and over who smoked to attend for screening and spirometry. It identified 54 eligible patients, of whom 32 attended for the screening. The process identified three new cases of Chronic Obstructive Pulmonary Disease (COPD). The practice showed us data that 85% of patients with severe mental health problems had received an annual health check.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 82.22%, slightly above the national average of 81.89%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 53.8% to 100% and five year olds from 76.2% to 99.2%. The practice showed us data showing that 520 teenage female patients had been vaccinated against Human Papilloma Virus (HPV) in the preceding 12 months.

Flu vaccination rates for the over 65s were 69.4%, and at risk groups 42.54%. These were below national averages of 73.24% and 52.29%, respectively. We were told that this

was due to vaccination invites having been sent by Islington CCG, last year rather than by the practice. It was working to improve future uptake of vaccinations, for example by publicising the programme on the practice website.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 58 patient CQC comment cards we received were positive about their experience of the practice. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Patients were particularly complimentary about the GPs and nurses.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice's satisfaction scores on consultations with doctors and nurses were generally in line with CCG and national averages. For example:

- 85% said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 83% said the GP gave them enough time compared to the CCG average of 80% and national average of 87%.
- 95% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%.
- 76% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and national average of 85%.

- 77% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 90%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey we reviewed showed patients responded to questions about their involvement in planning and making decisions about their care and treatment and results were generally in line with local and national averages. For example, 83% of patients responding said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%. The data showed that 64% of patients said the last GP they saw was good at involving them in decisions about their care, compared to the CCG average of 76% and national average of 81%. However, this was not borne out by the patients we spoke with on the day or by those who had completed comments cards. Patients told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also said they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. The practice made use of the Choose and Book system, allowing patients, where possible, to choose where they were referred to for any necessary secondary treatment.

A translation service was available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. The practice website had information in various languages regarding accessing healthcare. The practice made use of a videophone system to help patients with hearing difficulties make contact and a signing service was available to assist at consultations.

Patient and carer support to cope emotionally with care and treatment

Notices in the reception areas informed patients how to access a number of support groups and organisations. There was also information on the practice website.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and patients were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The practice website provided guidance on making necessary arrangements following a person's death and included links to various support groups.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- Working patients and those with children could attend from 8.00am and appointments could be booked up to 8.30pm on three evenings a week.
- Appointments with GPs and nurses could be booked online, via the practice website and the Patient Access service.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients and others who would benefit from them.
- Urgent access appointments were available for children and those with serious medical conditions.
- Text message reminders were sent to those patients who had given their mobile phone details to the practice.
- The building was purpose-built, incorporating facilities for disabled patients. It had been designed in consultation with patients to ensure it met their needs.
- Translating services were available for patients for whom English was an additional language and signers could be booked for patients needing them.
- Repeat prescriptions could be ordered via the website and Patient Access service.

Access to the service

The practice is open between 8.00am and 6.30pm on Monday, Tuesday, Thursday and Friday. On Wednesday it closes at 4.00pm. Appointments with GPs and nurses are available at all times throughout the day. The practice operates extended hours on Monday, Tuesday and Thursday until 8.30pm for booked appointments only. Pre-bookable appointments that could be booked up to six

weeks in advance had been introduced as a consequence of patient feedback. Urgent appointments were also available for people that needed them, as were telephone consultations.

The practice had opted out of providing an out of hours service. Patients calling the practice when it is closed are connected with the local out of hours service provider. There was also information provided to patients regarding a nearby walk in centre, a service available to all patients which opens seven days a week, and details of the NHS 111 service.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was below the local and national averages. For example:

- 65% of patients were satisfied with the practice's opening hours compared to the CCG average of 67% and national average of 75%.
- 46% patients said they could get through easily to the surgery by phone compared to the CCG average of 76% and national average of 73%.
- 54% patients described their experience of making an appointment as good compared to the CCG average of 69% and national average of 73%.
- 49% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 61% and national average of 65%.

Patients we spoke with on the day, confirmed that they had experienced problems making appointments and contacting the practice by phone. They said there were often long delays in having their calls answered and sometimes calls were cut off after a long wait. Three patients did not know that late evening appointments were available three days a week. We also noted that some patients were delayed in seeing GPs and nurses due to previous appointments overrunning. We saw that they were kept informed of appointments running late and received apologies from staff.

We saw a number of reviews left by patients on the NHS Choices website, with 80.7% of patients who recorded their views saying they would recommend the practice to others. Patients were generally positive about the practice, but there were a number of comments regarding problems getting appointments and contacting the practice by

Are services responsive to people's needs?

(for example, to feedback?)

phone. The issues had also been highlighted by the patient survey conducted for the practice in 2014 and the practice was working to improve matters. There had been discussions with the phone system provider which had led to a technical upgrade in December 2014. However, it was also noted that more staff were needed to answer calls. This led to the appointment of two extra receptionists, in April 2015, to help cover incoming calls during known busy periods.

We saw that the new systems were being monitored by the practice and there was to be a formal review of them in November 2015. Monitoring of patient feedback by the practice had confirmed that the introduction of the online booking facility had improved access to the service for patients. The increase in reception staff had led to the practice being able to use two reception areas, reducing the need for patients to queue in the main lobby. Two receptionists were on duty during busy times, allowing patients attending to be dealt with more quickly. A third full-time nurse had been appointed in February 2015 and the practice had increased the availability of telephone consultations. Four of the patients who completed comments cards said that the appointments system had improved as a consequence of the action taken by the practice.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system, with leaflets available in the waiting rooms and notices in the consulting rooms. Details of how to complain were also given on the practice website. Patients we spoke with were aware of the process to follow if they wished to make a complaint, although none had needed to use the system.

We looked at 34 complaints received in the last 12 months and found that they had been acknowledged quickly by the practice and dealt with in a timely way and handled satisfactorily, with openness and transparency. The practice monitored complaints and issues were discussed at clinical meetings. The complaints we saw showed no underlying trends or causes for concern. Patients received details of the investigations and, when appropriate, suitable apologies. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, further guidance was given to administrative staff when a patient requesting a cervical smear was incorrectly booked an appointment with a GP, rather than with a nurse.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. This was contained in the Statement of Purpose, which included aims such as “to ensure personalised care in a family practice setting with high quality, safe and effective services”, “to provide healthcare which is available to a whole population and create a partnership between patient and health profession which ensures mutual respect, holistic care and continuous learning and training”, and “the provision of accessible healthcare which is proactive to healthcare changes, efficiency and innovation and development.” The statement had been developed in consultation with all staff and those we spoke with were highly supportive of it.

The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice-specific policies had been developed and implemented in consultation with all staff and were easily accessible on the practice’s computer system.
- A comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate

care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty. There was a “buddy” system in operation, allowing clinicians to routinely seek the views of colleagues and check one another’s work. The practice manager was newly-appointed and from our discussions it was clear that they were very committed to identifying aspects of the practice that could be improved.

Staff told us that regular team meetings were held. They said there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so. We noted that the practice arranged frequent social events for staff. Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice. The partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. One member of staff told us there was scope for improving how information is passed on within the practice, for example by ensuring meeting minutes were sent to all staff, not just those attending the meeting, as has been the case occasionally in the past.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients and engaged patients in the delivery of the service. Comments and suggestions were invited via the website and there was a suggestion box in the main reception area. It also gathered feedback from patients through the patient participation group (PPG) and by surveys and complaints received. The PPG was a “virtual” group of patients, who were contacted by email, and had been active since 2012. It had 71 members, from various cultural backgrounds, but members were predominately white British and of working age. The practice recognised that it was not entirely representative of the patient population and it was working to increase involvement from other patient groups by publicising it on the website and in the reception areas. Annual reports of PPG activity was also posted on the website, together with patient survey results. The practice had acted on suggestions made by the group relating to telephone access and the appointment system.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

In addition a number of the practice patients were involved in the Pan-Islington Patient Reference Group, which covers a number of practices in the borough, and allows a more general discussion and consideration of health care services.

We noted that the practice monitored patients' reviews left on the NHS Choices website and had begun responding to them.

The practice had gathered feedback from staff through an annual staff survey and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example we saw that the practice had acted upon a staff member's concern and provided additional training. Staff told us they felt involved and engaged to improve how the practice was run.

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. We saw feedback from Islington CCG about the practice's involvement in developing new software and audit processes.

The practice made use of the "Map of Medicine", a web-based service set up with the involvement of a local NHS Trust and teaching establishment to provide guidance and make specialist knowledge available to healthcare professionals to improve referral quality and patient outcomes. It linked with the practice's clinical records system, assisting GPs to plan patients' care pathways in line with the latest clinical guidance and which could be adapted according to locally available healthcare services and to meet the local commissioning requirements.

Innovation