CareQuality Commission

Islington GP Federation

Islington Community Ear Nose and Throat Clinic at Central Medical Centre

Inspection report

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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**	🟢

Overall summary

This service is rated as Good overall.

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

Summary of findings

We carried out an announced comprehensive inspection of the Islington Community Ear Nose and Throat Clinic based at Islington Central Medical Centre on 18 June 2019 as part of our inspection programme.

At this inspection we found:

- The service had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the service learned from them and improved their processes.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured care and treatment was delivered according to evidence-based guidelines.

- Staff treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Islington Community Ear Nose and Throat Clinic at Central Medical Centre

Detailed findings

Background to this inspection

Islington Community Ear Nose and Throat (ENT) Clinic is a community service managed by Islington GP Federation. The ENT clinic is provided across three sites from Monday to Friday with a total of seven clinical sessions available, by referral, for adults registered with an Islington GP, including temporary residents. This inspection took place at the ENT clinic based at Islington Central Medical Centre, a modern purpose-built health centre located at 28 Laycock Street, Islington, N1 1SW. Islington Central Medical Centre is situated within the Islington Clinical Commissioning Group. The referral only ENT clinics at Islington Central Medical Centre are held Tuesdays from 8.30am to 1pm and 2.30pm to 5.45pm and Thursdays from 8.30am to 1pm.

The ENT clinic at Islington Central Medical Centre is a one-stop assessment with rapid triage for patients in a setting closer to home. The clinic provides the following treatments: aural toilet, insertion of ear tampon, micro-suction of ear, removal of foreign body, nose procedures, nasal cautery and nasendoscopy. The provider, Islington GP Federation, also runs an extended hours GP and nursing service and a specialist community gynaecology service. The provider is registered with CQC to deliver the regulated activities of: Maternity and midwifery services; Surgical procedures; Diagnostic and screening procedures; Treatment of disease, disorder or injury.

The clinical team for the service is made up of three part-time GPs, all of whom have a special interest in ENT. The non-clinical team is made up of a full-time operations manager and two administrators.

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Are services safe?

Our findings

We rated the service as good for providing safe services.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The service had appropriate systems to safeguard children and vulnerable adults from abuse. There was a comprehensive training schedule and matrix and all staff were trained to the appropriate safeguarding level for their role. For example, clinicians were trained to child protection or child safeguarding level three and non-clinical staff were trained to either level one or level two. They knew how to identify and report concerns. We saw evidence that learning from safeguarding incidents were discussed at staff meetings.
- Notices were displayed to advise patients that a chaperone service was available if required. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. 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.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The service carried out appropriate staff checks at the time of recruitment and on an ongoing basis. For example, there were systems in place to check that clinicians working at the service had an accredited post-graduate diploma in ENT or an equivalent secondary care qualification.
- There was an effective system to manage infection prevention and control. We observed the premises to be clean and tidy. We saw evidence of cleaning specifications and records were in place to demonstrate cleaning took place on a daily basis. The service undertook regular infection prevention and control audits and acted on the findings.
- The service had arrangements to ensure facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness and busy periods.
- There was an effective induction system for all staff tailored to their individual roles.
- The service was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- All staff had undertaken fire safety training and they were trained fire marshals.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis. Non-clinical staff knew how identify the red flags symptoms for severe infection including sepsis.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- The service had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example, through the federations bespoke extranet system where all staff could access up to date protocols and guidance. Staff could access the extranet through a desktop link from any of the locations the service operated from.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

Are services safe?

- The systems for managing and storing medicines, including emergency medicines and equipment, minimised risks.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The service had reviewed its antimicrobial prescribing and took action to support good antimicrobial stewardship in line with local and national guidance. For example, through completed clinical audits to ensure appropriate prescribing of antibiotics.

Track record on safety

The service had a good track record on safety.

- The service monitored and reviewed safety using information from a range of sources.
- There were comprehensive risk assessments in relation to safety issues for example, annual fire risk assessments, health and safety risk assessment, annual infection prevention and control audits, annual portable appliance testing, annual calibration of medical equipment and risk assessments were in place for any storage of hazardous substances.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. The provider informed us all incidents were investigated and any learning from these incidents was shared with staff. We saw evidence the service carried out a thorough analysis of significant events; all incidents were risk rated to assess their impact to ensure they were appropriately managed. Incidents were shared with staff and where appropriate with the local Clinical Commissioning Group (CCG).
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service held a log of all the medicines and safety alerts and actions undertaken for relevant alerts. The provider informed us they discussed medicines and safety alerts in clinical meetings and minutes of these meetings were disseminated to all clinical staff to ensure learning; we saw evidence to support this.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the service as good for providing effective services.

Effective needs assessment, care and treatment

The service had systems to keep clinicians up to date with current evidence-based practice. We saw clinicians assessed and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed.
- We saw no evidence of discrimination when making care and treatment decisions. Patient feedback supported this finding. Patient feedback we received on the day of inspection supported our findings.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- The service monitored these guidelines through risk assessments, audits and random sample checks of patient records.
- Reception staff and administrators knew to contact clinical staff for any patients presenting with high risk symptoms such as chest pain or difficulty in breathing.

Monitoring care and treatment

There was evidence of quality improvement and the practice routinely reviewed the effectiveness and appropriateness of the care provided. For example:

- The service undertook regular antimicrobial prescribing audits to ascertain if antimicrobials were prescribed according to evidence-based guidelines. The findings demonstrated that GPs running the service were only prescribing 'high risk' broad spectrum antibiotics when clinically appropriate.
- The service reviewed the notes of GPs for clinical effectiveness and provided one to one feedback if any concerns were identified and we saw evidence to support this.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role.

- The service understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained through a comprehensive training and skills matrix. Staff were encouraged and given opportunities to develop.
- Mandatory training for staff included Anaphylaxis and Basic Life Support, Chaperoning, Equality and Diversity, Fire Safety, Infection Prevention and Control, Data Security and Protection, Mental Capacity Act, Health and Safety, Safeguarding adults and children and General Data Protection Regulation.
- The service provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, coaching and mentoring and clinical supervision, where needed.
- The service could demonstrate how they ensured role-specific training and updating for relevant staff.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.

- The service shared clear and accurate information with relevant professionals.
- Patients received coordinated and person-centred care; patient feedback was consistently positive about the service.

Helping patients to live healthier lives

As a specialist ENT community clinic, the provider was not able to deliver continuity of care to support patients to live healthier lives in the same way that a GP practice would. However, we saw the service demonstrated their commitment to patient education and the promotion of health and well-being advice.

Staff we spoke to were able to demonstrate a good knowledge of local and wider health needs of patient groups who may attend the service. GPs and nurses told us they offered patients general health advice within the consultation and if required they referred patients to their own GP for further information.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

Good 🟢

The service obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making. The service supported clinicians in keeping up to date with legislation and guidance by ensuring active desktop links to the extranet were available to staff working from any hub location.

- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the service as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- We interviewed two patients and their feedback was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The service gave patients timely support and information.
- Patient feedback was consistently positive. Patient feedback we received on the day of inspection was aligned to the positive feedback available online.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard; a requirement to make sure that patients and their carers can access and understand the information they are given.

- Staff communicated with people in a way they could understand, for example, communication aids and easy read materials were available.
- Information leaflets, including easy read format leaflets were available.
- Staff helped patients and their carers find further information and access community and advocacy services.

Privacy and dignity

The service respected patients' privacy and dignity.

- Staff told us that when patients presented to reception for their appointment, receptionists asked them to write down their name and date of birth to ensure other patients did not overhear this information. We observed this practice on the day of our inspection.
- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the service as good for providing responsive services.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The service understood the needs of its population and tailored services in response to those needs.
- The facilities and premises were appropriate for the services delivered.
- The service made reasonable adjustments when patients found it hard to access services. Patients had access to translation services and there was a hearing loop in place in the reception area for patients who had hearing difficulties.
- The service had multilingual staff who could support patients. For example, the service had staff fluent in Bengali, Croatian and Turkish in addition to the use of language line for patients who required a translator. There was a hearing loop available for patients who were hard of hearing.
- The service was advertised on Islington GP practices websites.

Timely access to care and treatment

Patients were able to access care and treatment from the service within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, diagnosis and treatment.
- The service had a back-up rota system which they utilised if appointments were not running to time and if there was a large demand for appointments.
- Waiting times and delays were minimal and managed appropriately.
- Community ENT clinics at Islington Central Medical Centre were available on Tuesdays from 8.30am to 1pm and 2.30pm to 5.45pm and Thursdays from 8.30am to 1pm.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.

The complaint policy and procedures were in line with recognised guidance. The service learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care

Are services well-led?

Good ●

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

Our findings

We rated the service as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff we spoke to on the day of inspection confirmed our findings and told us they felt the leadership team was approachable and supportive.
- The service had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service had a clear vision and credible strategy to deliver continuous high quality, sustainable care.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The service planned its services to meet the needs of the service population.
- The service monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the service.
- The service focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity and employed a diverse workforce. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Service leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- There was a clear management structure and staff told us they knew who they were accountable to within the service.
- The service had a comprehensive schedule of meetings in line with their governance arrangements, this included clinical and non-clinical meetings.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.

Are services well-led?

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

Good ●

- The service had processes to manage current and future performance. Service leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audits had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The service had plans in place and had trained staff to deal with major incidents.
- The service considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The service used information technology systems to monitor and improve the quality of care.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- The service obtained feedback from patients from a range of sources including local Healthwatch, NHS choices (and other patient feedback websites), complaints, comments and suggestions, direct feedback during clinical encounters, patient survey and friends and family test.
- Staff we spoke to informed us they were always consulted before making any changes that may affect their work.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.