

Care Quality Commission

Inspection Evidence Table

Clerkenwell Medical Practice (1-581296299)

Inspection date: 17 May 2018

Date of data download: 13 June 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17.

Safe

Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Disclosure and Barring Service checks were undertaken where required	Yes
Explanation of any 'No' answers:	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes
Explanation of any answers:	

Safety Records	Y/N
<p>There was a record of portable appliance testing or visual inspection by a competent person</p> <p>Date of last inspection/Test :</p>	<p>Yes</p> <p>18 May 2018</p>
<p>There was a record of equipment calibration</p> <p>Date of last calibration:</p>	<p>Yes</p> <p>18 May 2018</p>
<p>Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals</p>	<p>Yes</p>
<p>Fire procedure in place</p>	<p>Yes</p>
<p>Fire extinguisher checks</p>	<p>Yes</p>
<p>Fire drills and logs</p>	<p>Yes</p>
<p>Fire alarm checks</p>	<p>Yes</p>
<p>Fire training for staff</p>	<p>Yes</p>
<p>Fire marshals</p>	<p>Yes</p>
<p>Fire risk assessment Date of completion</p>	<p>Yes 25 July 2017</p>
<p>Actions were identified and completed.</p>	<p>Yes</p>
<p>Additional observations:</p> <ul style="list-style-type: none"> On the day of the inspection, we noted that Portable Appliance Testing (PAT) and calibration of clinical equipment had not been undertaken since 2016, which was not in line with best practice. On the day after day after the inspection, we received evidence demonstrating that PAT testing and calibration of clinical equipment had been carried out. Although the practice was aware that a large proportion of the practice population did not have English as their first language, all notices including the chaperoning notice were only available in English. The practice told us that they would review how their information was presented in the future. 	
<p>Health and safety Premises/security risk assessment? Date of last assessment:</p>	<p>Yes February 2018</p>

Health and safety risk assessment and actions Date of last assessment:	Yes October 2017
Additional comments: The practice carried out regular health and safety audits. The practice had not identified any significant concerns. During our visit, the inspection team had no health and safety concerns with the practice.	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: The practice acted on any issues identified Detail: A practice nurse was the infection prevention and control (IPC) lead and had undertaken the latest IPC audit. We saw evidence that actions from that audit had been completed and that other improvement areas had been identified. The main area of improvement identified was to ensure that all staff (clinical and non-clinical) had completed IPC related training. The practice had not yet upgraded hand-washing facilities in consulting rooms to include elbow operated taps. However, the practice had taken steps to minimise risk, for example using paper towels to open and close taps.	Yes 27 February 2018 Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes
Explanation of any answers: We saw comprehensive policies and procedures for control of infection and staff demonstrated good knowledge of these.	

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
In addition, there was a process in the practice for urgent clinician review of such patients.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes

There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
---	-----

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
Explanation of any answers: Patient records we reviewed, included all relevant information, and the practice had ensured that relevant providers such as Out Of Hours providers and the nurse's clinic at the local university had full access to patient records.	

Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU).(01/07/2016 to 30/06/2017)(NHS Business Service Authority - NHSBSA)	0.71	0.73	0.98	Comparable to other practices
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	8.0%	9.5%	8.9%	Comparable to other practices

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Yes

There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	Yes
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
Explanation of any answers: N/A	

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 12 months.	10
Number of events that required action	10

Example(s) of significant events recorded and actions by the practice;

Event	Specific action taken
A doctor organised a Midstream Specimen of Urine (MSU) test for patient. Based on the results of one test (microscopy), the doctor advised the patient that the results were normal. However, other test results, which came through later, indicated presence of E Coli. This was not picked up by relevant doctor immediately as they were on leave. As	At the next clinical meeting, GPs were reminded to make sure all results had been received before contacting a patient and discussing any findings. The practice introduced a buddying system to cover results received in colleague's absence to prevent repetition of the same.

<p>a result there was a longer than usual delay between the testing and reporting of the results with the patient.</p>	
<p>A call was received from the laboratory reporting that a patient had a very high International Normalized Ratio (INR). There was no previous INR reading in the medical notes and the patient had been taking Warfarin for over five years.</p>	<p>Safety netting procedures for issuing Warfarin were to include a step of ensuring that current INR readings were in patients notes prior to issuing prescriptions. The practice had reminded clinicians to complete the Warfarin monitoring template with current INR levels, daily dosage and date of next test.</p> <p>GPs were reminded at the next clinical meeting to check latest INR dose and ensure it was up to date. A protocol was put in place to ensure that all reception staff requested the latest INR level from the patient, and that photocopies from the Warfarin book was saved in the patient's record. All staff were told about the importance of this strict procedure, as the consequences of overdosing could be severe. The administrative staff were trained at their team meeting on how to appropriately complete the Warfarin template.</p>
<p>Patient database system was not working properly on the Duty Doctor's computer. As a result, they were unable to see patients that were being booked for consultations in person or via the phone for that day, including an emergency request for a home visit.</p>	<p>The Practice Manager had identified the issue and noted that it had occurred previously. The Practice Manager had arranged for the computer error to be resolved and ensured that staff were updated on the action taken.</p>

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place: The system in place ensured incidents were identified and action was taken to ensure patient safety. Where appropriate the practice involved other practices, services and agencies in the actions taken and the learning from incidents.</p>	

Effective

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	0.73	0.85	0.90	Comparable to other practices

People with long-term conditions

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	83.6%	78.6%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	27.0% (72)	15.4%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	84.3%	76.1%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.0% (32)	11.5%	9.3%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QOF)	82.3%	79.0%	80.1%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.6% (47)	12.8%	13.3%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2016 to 31/03/2017) (QOF)	80.8%	76.9%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.4% (10)	4.0%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	91.9%	92.6%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.0% (1)	7.6%	11.4%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	84.1%	81.5%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.7% (29)	4.2%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. (01/04/2016 to 31/03/2017) (QOF)	80.6%	81.2%	88.4%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate
	18.4%	(7)	14.8%	8.2%

Any additional evidence or comments:

The QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side effect.

We observed that the practice had high exception reporting for some the diabetes indicators. We reviewed the processes used to exception report and found that these were in line with best practice.

For example, we reviewed three examples of exception reporting of diabetic patients, and found that the practice contacted the patients three times before they were exception reported. Of the three, one patient no longer had the condition, whilst two informed the practice that they did not wish to be monitored.

Families, children and young people

Child Immunisation

Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
Percentage of children aged 1 with completed primary course of 5:1 vaccine. (01/04/2016 to 31/03/2017) (NHS England)	65	70	92.9%	Met 90% Minimum (no variation)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	58	68	85.3%	Below 90% Minimum (variation negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	59	68	86.8%	Below 90% Minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	60	68	88.2%	Below 90% Minimum (variation negative)

Any additional evidence or comments:

Immunisation rates for children aged 2 were below the 90% minimum target set by the World Health Organisation. The practice informed us that they were aware of the low uptake of childhood immunisation in 2016/2017 and had identified staff shortages as a significant contributor to this. The practice also told us that they had experienced cultural resistance to some childhood immunisations, and that they had taken steps to increase awareness of the benefits of childhood immunisations.

We reviewed the procedures that were followed to encourage the uptake of childhood immunisation, and noted that the steps included written invitations to parents inviting their child for immunisation, followed up by a letter from the nurse and a telephone call, where appropriate.

The practice showed us unverified data, which indicated a small percentage of improvement in 2017/2018.

The practice told us that to further increase the uptake of childhood immunisations, it had an action plan in place which included:

- The recruitment of an additional nurse;
- The recruitment of a secondary care nurse who was currently converting her qualifications for general practice;
- The practice amended the patient alert system on their computer to identify any children who were overdue immunisations; and
- The practice reached out to neighbourhood practices with similar demographics to see what their processes were for increasing the uptake of immunisations.

Working age people (including those recently retired and students)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 (01/04/2016 to 31/03/2017) (Public Health England)	58.0%	63.3%	72.1%	Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	60.5%	59.2%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	44.5%	44.4%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	88.0%	73.9%	71.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	34.6%	54.6%	51.6%	Comparable to other practices
Any additional evidence or comments				
The uptake of cervical screening at the practice was slightly lower than CCG average and significantly lower than the England average.				

The practice explained that the patient population included a large cohort of university students who were patients at the practice only for the duration of their studies and accessed certain services from their family GP. The practice told us that this had affected the uptake rate.

The practice also informed us that it had experienced cultural barriers with some population groups who expressed reluctance to engage with the cervical screening programme.

The practice told us that they had responded to the low uptake rate of cervical screening by carrying out the following:

- Writing to eligible patients explaining the benefits of the cervical screening programme;
- Supplying the local university with information posters promoting the benefits of the cervical screening programme;
- Engaging with the university nurse to encourage students to participate with the programme;
- Recruiting an additional nurse who was trained to carry out cervical screening;
- Ensuring that three GP's were trained in cervical screening which meant that screening could be carried out opportunistically.

We reviewed unvalidated data for 2017/2018 which indicated that the uptake rate had increased to 77% compared to the 58% uptake in 2016/2017.

People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	92.3%	90.5%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.1% (1)	9.6%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	96.7%	90.6%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.2% (2)	9.0%	10.3%	

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) <small>(QOF)</small>	90.0%	87.4%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.1% (2)	5.2%	6.8%	

Any additional evidence or comments:

We reviewed higher than average exception reporting for some clinical indicators for dementia. We found that exception reporting was in line with best practice. For example, we reviewed two patients that were exception reported and found that they were recently diagnosed with dementia and did not require the annual review at the time.

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	558	538	539
Overall QOF exception reporting	6.0%	6.1%	5.7%

Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) <small>(QOF)</small>	Yes

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) <small>(QOF)</small>	94.5%	94.3%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.8% (9)	0.7%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately

We reviewed a range of patient consent forms (for cryosurgery, excisions and injections) and found them to be appropriate.

We found that the clinical staff were competent in identifying consent issues. They understood the general principles of Gillick competencies and Fraser guidelines.

We noted that all clinical staff were trained in the Mental Capacity Act.

Any additional evidence

We noted that there was high exception reporting for Osteoporosis at 40% which was higher than average. However, the practice only had five patients diagnosed with this condition, two of whom were appropriately exception reported.

Caring

Kindness, respect and compassion

CQC comments cards

Total comments cards received	16
Number of CQC comments received which were positive about the service	15
Number of comments cards received which were mixed about the service	1
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
Comment Cards	Patients commented that staff were friendly, respectful and professional. We saw comments that clinicians were supportive, encouraging and caring.
Patient participation group (PPG) members	Members of the PPG had positive comments regarding reception staff and they informed us that the practice was always clean and hygienic. Members of the PPG commented that appointment access was generally good, but requests to see a named doctor could take up to two or three weeks.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
12,718	389	79	20.31%	3.1%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (01/01/2017 to 31/03/2017)	85.2%	77.6%	78.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017)	98.2%	88.0%	88.8%	Variation (positive)
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017)	97.3%	94.8%	95.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	97.0%	83.5%	85.5%	Variation (positive)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017)	85.2%	86.3%	91.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	86.1%	85.7%	90.7%	Comparable to other practices
Any additional evidence or comments				

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Yes

Date of exercise	Summary of results
Friends & Family Test	The practice used the FFT as a tool to identify and address patient areas of concern.

(FFT) 2017	For example, patients highlighted that they were dissatisfied with delays with appointments. Having reviewed this matter, the practice wrote to patients advising that double appointments were available for those with complex or multiple problems.
------------	--

Any additional evidence
National MORI GP survey 2017- this was also used by the practice and it's findings were in line with the those of the Family and Friends Test.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	On the day of the inspection, four out of the five patients interviewed stated that they received a personal service where clinicians involved them in decisions regarding their care, health and treatment.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	94.9%	86.0%	86.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	92.0%	81.5%	82.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	85.6%	84.6%	89.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care	79.2%	79.3%	85.4%	Comparable to other practices

(01/01/2017 to 31/03/2017)				
Any additional evidence or comments				

Question	Y/N
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in easy read format.	Yes
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified	We were told that there were 116 carers on the practice register, which accounted for less than 1% of the patient list.
How the practice supports carers	<p>The practice told us that they carried out the following services for carers:</p> <ul style="list-style-type: none"> - Screened all patients over 75 during their bi-annual health check to see if they were carers or had a carer. - Screened all NHS health check patients to see if they were carers or had a carer. - Sign-posted carers to the local Islington carers hub, and provided information about this organisation in the waiting area. - The practice had amended their registration form and added the questions 'are you a carer' and 'do you have a carer'. - The practice specifically targeted carers for flu vaccination, using text messaging and letters. - Carers were coded onto a register and alerts were put onto their patient records.
How the practice supports recently bereaved patients	<p>The practice had a dedicated slot in their weekly clinical meeting for patients who had recently passed away.</p> <p>The practice contacted families who were bereaved by telephone and/or invited their families/carers for an appointment with named GP to offer support.</p>

Privacy and dignity

Question	Y/N
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes

	Narrative
Arrangements to ensure confidentiality at the reception desk	The reception desk was situated away from the main waiting area. The receptionist informed us that patients were aware that if they wished to talk in a private room they could request to do so, although this was not advertised.

Question	Y/N
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes

Examples of specific feedback received:

Source	Feedback
Interviews with patients.	Patients told us they felt their privacy was respected and if they needed to discuss something privately with reception, staff would do this quietly and professionally or offer a separate room to talk in.
Staff interviews	Staff told us that patients who showed signs of distress; looked anxious and/or wished to discuss something in private were offered a separate room to wait in where they could discuss their issue with the practice manager.
CQC cards	Patients commented that the doctors were very caring, helpful and pleasant. The patient consensus was that privacy and dignity was always maintained to the highest standard.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8.30am-6.30pm
Tuesday	8.30am-6.30pm
Wednesday	8.30am-5.00pm
Thursday	8.30am-6.30pm

Friday	8.30am-6.30pm
--------	---------------

Appointments available- Several urgent and routine appointments available on the day of inspection as well as the two days after.

Extended hours opening	<p>Patients had access to an extended hours service called 'iHub'. This service offered patients appointments between 8am-8pm, 7 days a week. The iHub service had full access to all patient records.</p> <p>Any appointments that were required outside of the practice and iHub opening hours were diverted to the out of hours service 'London Central & West Unscheduled Care Collaborative' (LCW).</p>
Lunch time appointments	To cater for the working age population who are working in the city, the practice offered appointments during lunch hour.

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
<p>We were told that when patients called the surgery requesting a home visit, staff would record as much as information as possible for the request on the online appointment system. This would then allow the duty doctor to consider the urgency of the home visits.</p> <p>The practice also had a list of patients who required home visits due to the nature of their problem or because of their specific needs.</p>	
Any additional evidence	
<p>The practice demonstrated that it was well informed about their patient demographics and needs. They demonstrated awareness of high prevalence rates and put in place measures to address them. For example:</p> <ul style="list-style-type: none"> - The practice told us they had identified a high level of drugs and alcohol misuse in the local area, and had set-up a weekly clinic for this group of patients at the practice. - The practice noted that a large cohort of its patients experienced poor mental health, and had helped to secure an independent mental health service (iCope) on its premises. - The practice acknowledged that it had a high prevalence of patients with diabetes and had put arrangements in place for a weekly diabetic clinic, which was run by a specialist diabetic nurse. - The practice identified that it had a high prevalence of HIV patients and had arranged for additional training for staff around managing and supporting HIV patients. The practice had been acknowledged by the local clinical commissioning group as a HIV friendly practice and had been approved to provide shared care enhanced services for patients with HIV in conjunction with the 	

patient's named hospital.

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
12,718	389	79	20.31%	3.1%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. (01/01/2017 to 31/03/2017)	88.1%	76.0%	80.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" (01/01/2017 to 31/03/2017)	86.4%	76.5%	70.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/01/2017 to 31/03/2017)	88.7%	75.7%	75.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	87.5%	71.4%	72.7%	Comparable to other practices
Any additional evidence or comments				

Examples of feedback received from patients:

Source	Feedback
CQC Cards	<p>Patients commented that they found it easy to get through to the surgery and that they could get an appointment with a doctor on the same day or day after.</p> <p>However, they also commented that if patient wanted to see a named doctor this could take up to two or three weeks.</p>
Interview with patients	Same as above.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	10
Number of complaints we examined	3
Number of complaints we examined that were satisfactorily handled in a timely way	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
Complaints we reviewed had been handled in timely manner. We were told that GP Partners investigated complaints related to clinical matters and the practice manager dealt with non-clinical matters. Duty of candour was demonstrated in the complaints that we reviewed. We noted that if there was any learning it would be shared amongst all staff, via staff meetings.	

Example of how quality has improved in response to complaints

We saw an example of a complaint where clinical emails were not passed onto the relevant GP. To prevent repetition of the same, the practice ensured that all clinical emails were now emailed directly to the named GP, as well as being recorded on the computer database (DOCMAN), and also attached to the patient record.

Well-led

Leadership capacity and capability

Examples of how leadership, capacity and capability were demonstrated by the practice

There was a designated lead for each clinical and non-clinical area. For example, there was a lead for safeguarding, clinical governance, complaints, performance monitoring, administrative staff and infection control.

The practice held clinical meetings weekly; administrative team meetings two weekly; nurse's meetings and multi-disciplinary team meetings monthly; and the PPG met approximately three to four times in the year.

We saw that all meetings were appropriately minuted and actions were logged, monitored and feedback was sought and noted.

We were told that recently a GP Partner was promoted to the new role of Executive Partner, and this was to provide consistent leadership and further drive the vision and core values of the practice.

Any additional evidence

Vision and strategy

Practice Vision and values

We were told that the core aims and objectives of the practice included:

- To provide a high standard of Medical Care to all our patients.
- To be committed to our patients needs and responsive to feedback.
- To provide a professional service to patients, act with integrity and ensure confidentiality.
- To provide patients with a consistent and courteous approach to all aspects of communication.
- To ensure a safe environment for staff and service users.
- To promote patient centred care through shared decision making and communication.
- To maintain our motivated and skilled workforce.
- To continue to use monitoring and auditing to improve our healthcare services.
- To maintain a high quality of care through continuous learning and training.
- To guide our employees in accordance with diversity and equality.
- To ensure effective and robust information systems.
- To treat all patients and staff with dignity, respect and honesty.

Culture

Examples that demonstrate that the practice has a culture of high-quality sustainable care

We were told that the practice promoted a learning orientated and supportive culture, and the management was always looking to help staff develop and move up in their careers.

The practice also told us they promoted continuous learning and encouraged staff to take on different roles and to become leads for different areas to help develop their careers.

Staff told us they felt well supported and listened to by the management. Staff also told us that if they had any concerns they would raise them during meetings.

Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Non-Clinical Staff	Non-clinical staff told us they felt supported by management and that they worked in a friendly environment, and always felt valued by senior staff.
Nursing Staff	Nursing staff told us that there was a clear leadership structure, it was a very organised practice that efficiently acted on concerns raised to ensure best possible care was maintained at all times.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good

quality and sustainable care.	
Practice specific policies	The practice had polices in place including: Safeguarding Policy Medicines management policy Incident management policy Fire safety policy High risk medication policy Medical emergency policy Emergency /disaster recovery plan
Other examples	
	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Managing risks, issues and performance

Complaints	Y/N
Major incident plan in place	Yes
Staff trained in preparation for major incident	Yes

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
The practice acknowledged that staffing levels were not at full capacity	The practiced acted on concerns raised by patients that booking a nurse or GP appointment was getting more difficult. We were told that this was due to the retirement of one GP partner and difficulties recruiting nursing staff. We were told the practice had since recruited to both positions and were currently fully staffed.
Three complaints and three significant events reviewed	We reviewed three complaints and three significant events in detail and noted that they were acknowledged and investigated appropriately, and responded to in a timely manner. All clinical matters were investigated by GP partners. All non-clinical matters were investigated by the practice manager. Duty of candour was demonstrated in all complaints that we reviewed. Learning was shared amongst all staff members (minutes of meetings seen).

Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understood what this entails.	Yes

Engagement with patients, the public, staff and external partners

Feedback from Patient Participation Group;

Feedback
On the day of the inspection, we spoke to five patients, who told us that the group meets approximately every three months. They told us there was good managerial involvement from the practice and they felt listened to and taken seriously, telephone access was good and the online platform for booking appointments was very popular. They stated that the doctors were always professional, made them feel comfortable and kept them involved in all health related decisions.

Continuous improvement and innovation

Examples of improvements demonstrated as a result of clinical audits in past two years

Audit area	Impact
Clinical audits	<p>The practice had a clinical improvement programme in place, and carried out regular audits.</p> <p>We reviewed two completed audits. One audit was for the use of Broad Spectrum Antibiotics and the second related to the use of Nitrofurantoin in Urinary Tract Infections.</p> <p>Both audits showed that there was improvement in the second cycle.</p>

Any additional evidence

DO NOT DELETE THE NOTES BELOW

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a z-score, a statistical tool which shows the deviation from the England average. It gives us a statistical measurement of a practice's performance in relation to the England average, and measures this in standard deviations. We calculate a z-score for each indicator, thereby highlighting the practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are +2 or more or -2 or less are at significant levels, warranting further enquiry.

N.B. Not all indicators are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for banding variation:

- Significant variation (positive)

- Variation (positive)
- Comparable to other practices
- Variation (negative)
- Significant variation (negative)

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment. ([See NHS Choices for more details](#)).