

# Fortune Green Road Surgery

## 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 at Fortune Green Road Surgery on 20 January 2017. Overall the practice is rated as good.

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

- Staff used an effective system to report and investigate significant events and the working culture encouraged openness and honesty to identify areas for improvement.
- Risks to patients were assessed and well managed, including through medicines management and safeguarding processes.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of multidisciplinary working to meet the complex needs of patients, including vulnerable young people and those who received palliative care.
- Patients provided positive feedback about the caring nature of staff and said they took the time to listen to their concerns. We saw staff treated people with compassion, dignity and respect and involved them in care planning and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients that walked in without an appointment were seen on the same day. The practice operated a policy that no patient would be turned away without being seen.
- 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.

# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Ensure a system is in place to monitor the training updates, clinical competencies and clinical supervision of locum staff.

**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.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice, including through the proactive identification of near misses.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice ensured all staff had a clear, current Disclosure and Barring Service check.
- Risks to patients were assessed and well managed including in relation to medicines management and action taken as a result of national safety alerts.
- The practice had an up to date health and safety policy for staff advising them of the correct protocol for managing risks identified within the practice.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed exception reporting rates were variable compared to local and national averages in clinical domains. This included four domains in which the practice performed significantly better than the clinical commissioning group and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance and there was a structured system in place to ensure updates were tracked and applied to practice policies.
- Clinical audits demonstrated quality improvement and better patient outcomes, including the management of long term conditions.
- Staff had the skills, knowledge and experience to deliver effective care and treatment because they had access to on-going clinical training.

# Summary of findings

- Staff worked proactively with other health care professionals to understand and meet the range and complexity of patients' needs such as those with mental health needs and substance addiction. The practice participated in local pilot schemes and innovative multidisciplinary pathways to provide coordinated care for patients.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice variably compared with other practices for several aspects of care.
- The practice had an action plan to improve patient experience following a fall in survey results.
- Patients reported 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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Emotional support was readily available for carers and those who were vulnerable, including regular on-site psychological therapy.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the clinical commissioning group and other local organisations to secure improvements to services where these were identified.
- Patients said they found it easy to make an urgent appointment and there was continuity of care, with urgent appointments 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 the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice provided a number of services for patients including sexual health reviews and a travel advice and immunisation clinic.

# Summary of findings

## Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had up to date policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The senior team encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was proactive and produced an annual action plan, which we saw was used to improve patient experience.
- The practice demonstrated a commitment to the health and wellbeing of its staff and had supported them professionally and personally.

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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and same-day appointments for those with enhanced needs.
- The practice invited all patients over 75 years to attend an annual health check, which included a blood test and medicine review.
- The practice offered immediate referrals to the complex care team and rapid response team.
- Older patients who were also vulnerable had a care plan in place to manage complex care.

### People with long term conditions

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

Good



- The clinical team shared responsibility for chronic disease management depending on their expertise and patients at risk of hospital admission were identified as a priority.
- A practice nurse contacted patients who attended hospital unexpectedly to support them in managing their condition.
- Performance for diabetes related indicators was better than the national average. For example the percentage of patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less (01/04/2015 to 31/03/2016) was 83% compared to the CCG average of 76% and the national average of 78%.
- The percentage of patients in the same period in whom the last measured total cholesterol was 5mmol/l or less was 84% compared with the CCG average of 82% and national average of 80%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, a named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

# Summary of findings

## Families, children and young people

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

Good



- There were systems in place to identify and support children living in disadvantaged circumstances. This included those who were at risk such as children and young people who had a high number of emergency hospital attendances.
- Immunisation rates were variable high for standard childhood immunisations and the practice was proactive in offering vaccinations both in line with NHS England guidance and for individualised needs, including the meningitis ACWY and hepatitis B vaccinations.
- The practice's uptake for the cervical screening programme was 71%, which was comparable to the CCG average of 72% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Prenatal and postnatal appointments were available and the principle GP had a lead role in child protection to address the shortage of local health visitors.
- The practice team worked closely with social services and collaborated with other services to conduct network checks in urgent situations.
- Staff offered support, guidance and rapid referrals for patients who disclosed domestic violence or where there was evidence of female genital mutilation.

## 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



- 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 range of health promotion and screening that reflected the needs of this age group, including electronic prescribing and same-day online appointment booking.
- Travel advice and vaccinations was available.
- The practice offered extended hours to support those could not attend appointments during standard working hours.
- The practice offered a Wednesday afternoon service so patients could use their lunch break to collect prescriptions



# Summary of findings

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, those over 75 years of age living alone and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability as well as an annual health check.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed 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.
- Patients who were considered vulnerable were given same day priority appointments.

## 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).

Good



- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was significantly better than the national average of 84%. The practice had exception reported 0% compared to the national average of 7%.
- The practice regularly worked with multidisciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had a designated dementia support lead who was responsible for overseeing the treatment of all diagnosed patients.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

## Summary of findings

- A GP partner had a special interest in psychology and provided additional specialist services for this patient population group, including in relation to depression, anxiety and substance use.
- A psychologist from the Camden Team around the Practice ('TAP') service was available on site two days per week. This enabled GPs to discuss patient need together and reduce the time taken for referrals and joint appointments.
- Clinical staff used a national dementia toolkit to identify the early signs of dementia and provide proactive care planning and memory assessment.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016 and related to feedback collected between July to September 2015 and January to March 2016. The results showed the practice was performing in line with local and national averages. Three hundred and fifty eight survey forms were distributed and 95 were returned. This represented 3% of the practice's patient list.

- 77% of patients found it easy to get through to the practice by phone compared to the clinical commissioning group (CCG) average of 75% and the national average of 73%.
- 75% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average and national average of 76%.

- 75% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.
- 78% of patients said the last GP they saw was good at giving them enough time compared to the CCG average of 85% and the national average of 87%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were all positive about the standard of care received. The general themes were that staff were friendly and caring and provided an individualised service. Several patients also commented they appreciated being able to get an appointment on the same day.

## Areas for improvement

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

- Ensure a system is in place to monitor the training updates, clinical competencies and clinical supervision of locum staff.

# Fortune Green Road Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and the team included a GP specialist adviser.

## Background to Fortune Green Road Surgery

Fortune Green Road Surgery is based at 80 Fortune Green Road, London, NW6 1DS and provides GP services under a General Medical Services contract. The surgery has limited parking behind the building and is situated on a main road served by several local bus routes. There is step-free access from the street to all waiting areas and clinical rooms.

Fortune Green Road Surgery is one of a number of GP practices commissioned by Camden clinical commissioning group (CCG). It has a practice list of 2902 registered patients. The practice is in the fourth least deprived decile out of 10 on the national deprivation scale. The practice has a higher percentage of unemployed patients (18%) compared to the local average of 7% and national average of 5% and 50% of the practice list is between 15 and 44 years old.

The clinical team includes a female principle GP, a male sessional GP, a locum practice nurse and a healthcare assistant. The clinical team offers 19 sessions per week. The practice is led by a practice manager and the non-clinical team includes a team of three administrators and receptionists.

The practice is open during the following hours:

Monday 9am to 1pm and 4.30pm to 6.30pm

Tuesday 9am to 1pm and 3pm to 6.30pm

Wednesday 9am to 4.30pm

Thursday 9am to 1pm

Friday 9am to 1pm and 3pm to 6.30pm

Appointments are available during the following hours:

Monday 9am to 12pm and 4.30pm to 6pm

Tuesday 9am to 12pm and 4.30pm to 6pm

Wednesday 9am to 12pm and 1pm to 2pm

Thursday 9am to 1pm

Friday 9am to 12pm and 4.30pm to 6pm

Out of these hours, cover is provided by a local GP federation and the NHS 111 service.

We had not previously carried out an inspection at this practice.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 20 January 2017.

During our visit we:

- Spoke with a range of staff including the principle GP, locum practice nurse, practice manager and administration team.
- Reviewed an anonymised sample of the personal care and treatment records of patients.
- Reviewed clinical audits and the investigations of significant events and complaints.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

We also looked at how well services were provided for specific groups of people and what good care looked 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)

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

# Are services safe?

## Our findings

### Safe track record and learning

Staff used an established system in place for reporting and recording significant events.

- Staff submitted incident reports using an electronic system and the practice manager and principle GP maintained oversight of this. The principle GP was responsible for investigating clinical concerns and the practice manager was responsible for non-clinical incidents. The incident recording form supported the recording of notifiable incidents under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- There had been six significant events in the 18 months prior to our inspection. We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes.
- Each incident was investigated and it was evident that learning was identified to ensure long-term improvements and that the same issue did not happen again. For example, one incident involved a patient gaining unauthorised access to the building due to an issue with another tenant. As a result a new security and access procedure was implemented. In another incident, staff had worked with local pharmacists when a patient's prescription had been collected by someone else. In this case the immediate needs of the patient were met and the practice worked with the pharmacy team to identify how this had occurred.
- Staff were proactive in identifying near misses in the practice through documenting discussions and learning. For example, one patient had been prescribed an alternative medicine due to their known allergy to the usual treatment regime. When the patient developed symptoms unexpectedly staff identified they were also allergic to the alternative medicine and discussed allergies as part of a team meeting.

We reviewed safety records, incident reports, patient safety alerts and minutes of the monthly team meetings where these were discussed. We saw evidence that action was taken as a result of national patient safety alerts.

### Overview of safety systems and processes

The practice had clearly defined and embedded safeguarding systems, processes and practices in place to keep patients safe:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff and each individual could demonstrate how they accessed them. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. For example, if a known vulnerable child did not attend a booked appointment, staff escalated this to a social worker.
- The principle GP was the lead for safeguarding children and adults. GPs attended safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the locum practice nurse were trained to adult and child safeguarding level three. Non-clinical staff had completed level 1 child and adult safeguarding training.
- A notice in the waiting room advised patients that chaperones were available if required. All members of staff who acted as chaperones were trained for the 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. The practice policy outlined the requirement to record in patients' notes if a chaperone had been offered and when a chaperone was used.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A local infection control nurse had visited the practice to complete an annual audit as the practice nurse in post was available on a locum basis. As a result of the latest audit, plugs had been removed from washbasins and the storage of sharps bins had been changed. A GP was the infection control 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 staff had received up to date training.

## Are services safe?

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe. This included in obtaining, prescribing, recording, handling, storing, security and disposal. Processes were in place for handling repeat prescriptions, which included the review of high risk medicines. The practice carried out regular medicines audits with the support of the local CCG pharmacy teams to ensure prescribing was in line with best practice guidelines.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions (PGD) had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation. A PGD is a written instruction for the supply and/or administration of a named licensed medicine for a defined clinical condition. Their use allows a registered health care professional to administer medicines to a group of patients who fit the criteria without them necessarily seeing a prescriber.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate professional body.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy in place and all staff were aware of the different responsibilities between practice staff and others in the building. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice 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 Legionella. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.

- The practice provided health and safety guidance for all staff members that included first aid, waste handling, fire procedures and dealing with violent and aggressive behaviour. From looking at incident reports we saw this policy was enforced and patients who behaved violently were removed from the practice list.

### Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to an emergency. Each consultation room and the reception desk had a panic button which could also be used in an emergency.
- All staff received annual basic life support training and emergency medicines were available.
- The practice had an anaphylaxis kit and oxygen with adult and children's masks. We saw evidence that these were regularly checked to ensure all equipment was available, in date and fit for purpose. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had an up to date comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff, external service contractors and details of agreements with other local GPs to ensure patients could still access medical support. Every member of staff was given a copy of the plan and this was also accessible off site in case the building became inaccessible.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. National patient safety alerts were received by the practice manager who cascaded them to the relevant team members. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The principle GP monitored updates to NICE guidance and added them to the intranet to ensure staff could access the most up to date version. Changes were discussed during monthly practice meetings.
- The practice monitored that guidelines were followed through risk assessments, audits and random sample checks of patient records. All alerts were discussed at team meetings, which were documented.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results were 98% of the total number of points available. Overall exception reporting was 6%, which was similar to the CCG average of 4% and the same as the national average. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

Exception reporting was variable compared with the CCG and national averages. This included the cancer, depression, osteoporosis and primary prevention of cardiovascular diseases clinical domains, in which the practice reported significantly lower exception reporting than CCG and national averages. For example, 0% of patients were excepted for osteoporosis compared with 18% in the CCG and 15% nationally. Exception reporting for

rheumatoid arthritis, at 20%, was significantly higher than the CCG average of 4% and the national average of 8%. In all other clinical domains the practice performed similarly to local and national averages.

This practice was not an outlier for any QOF or other national clinical targets. Data from 01 April 2015 to 31 March 2016 showed:

- Performance for diabetes related indicators was better than the national average. For example the percentage of patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less (01/04/2015 to 31/03/2016) was 83% compared to the CCG average of 76% and the national average of 78%. The percentage of patients in the same period in whom the last measured total cholesterol was 5mmol/l or less was 84% compared with the CCG average of 82% and national average of 80%.
- Performance for mental health related indicators was better than the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2015 to 31/03/2016) was 97% compared to the CCG and national averages of 89%. The practice exception reported fewer patients (5%) than the national average (13%) and the same percentage as the CCG.

The GPs and practice manager held regular QOF meetings to review the current practice performance, identify areas for improvement and develop an action plan for continued improvement.

There was evidence of quality improvement including from clinical audit:

- There had been three clinical audits completed in the 12 months prior to our inspection, all of which were completed audits where improvements were implemented and monitored.
- The practice participated in local audits and benchmarking (including prescribing) to compare trends against local and national practices, accreditation and peer review.

Findings were used by the practice to improve services. For example, an end of life care audit highlighted the need for more consistent documentation regarding patient's



# Are services effective?

## (for example, treatment is effective)

preferred place of death and do not resuscitate status. Following quarterly re-auditing, the practice achieved full compliance with best practice guidance, including proactive reviews of hospital discharges to identify any changes in palliative care needs.

Staff had audited the care of patients with gestational diabetes. This highlighted the need for more frequent reviews and blood sugar tests. As a result the practice implemented six monthly testing for all of these patients.

The practice maintained a list of patients who were at risk of unplanned hospital admissions and offered services to meet their needs:

- This included access to same-day appointments and double appointments for those with multiple conditions.
- The practice was taking part in local enhanced services with the CCG for upcoming planned care and long term conditions. This aimed to avoid unplanned hospital admissions by providing services such as health checks for patients with a learning disability or dementia and by providing flu, pneumococcal and childhood immunisations. This also included multidisciplinary working for referral management and monitoring of care pathways for the planned care of patients with conditions such as diabetes, chronic obstructive pulmonary disease, epilepsy and frailty.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. The programme had been tailored to the various roles within the practice such as locum clinical staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training, updating and development for relevant staff. For example, the practice was supporting a healthcare assistant to offer flu vaccines and provide health checks for patients with a long term condition.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training that included an assessment of competence. Staff who administered vaccines could demonstrate

how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources, discussion at practice meetings and engagement with peers at neighbouring practices.

- Staff had access to ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- All staff had received an appraisal within the last 12 months and the staff we spoke with said they felt appraisals were an effective way to identify their progress and support development needs.
- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The locum practice nurse worked in the surgery one day per week and their training and clinical supervision was provided by their main employer. This surgery maintained a record of their training and clinical competencies but there was not a system in place to ensure they received regular checks and updates on training. For example, the nurse had not received clinical supervision in the previous 12 months in their main practice due to short staffing and the training records held at Fortune Green Road Surgery indicated some training had expired. We confirmed this was not the case but the practice did not have immediate access to this information.

### 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.

- The practice worked with the GP collaborative Camden Clinical Assessment Service that provided a referral assessment service to ensure each referral was appropriate and involved the best service option for the patient. This meant patients had access to specialist care that was appropriate and reduced the need for referral to multiple services.
- The principle GP met monthly with the locality team to identify opportunities to work together and provide community care pathways for patients with conditions such as diabetes and chronic kidney disease.
- The practice team maintained a proactive relationship with community teams through regular meetings with

# Are services effective?

## (for example, treatment is effective)

district nurses, the frailty and complex care team and palliative care team. This included care and risk assessments, care plans, medical records and investigation and test results. We saw evidence that the practice responded to correspondence such as test results on the same day and had an effective system to ensure the information was cascaded to the correct staff and recorded appropriately.

- The practice had a system in place to ensure two-week wait cancer referrals were received by the relevant service.

Staff worked with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Integrated care management meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

Staff sought patients' consent to care and treatment 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, staff carried out assessments of capacity to consent in line with relevant guidance including the Gillick competencies and Fraser guidelines. We also saw evidence staff encouraged young people to talk to their parents or relatives about treatment to ensure they had support.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- Consent for minor surgery was documented on the day of the procedure with two clinical staff present. We reviewed patient records and observed that consent had been appropriately sought and recorded.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support:

- Patients were signposted to relevant services to meet their needs, such as to a smoking cessation advisor. Staff also provided signposting and referral for those at risk of developing a long-term condition and those requiring advice on their diet, drugs and alcohol cessation, patients over 75 years of age, and patients with no fixed abode.
- The practice offered lifestyle advice, well woman screening, family planning and sexual health advice and travel advice. Babies were offered hepatitis B vaccinations where their mother was known to be hepatitis B positive.
- The practice flagged the computer records of patients who required additional support when attending the practice. This alerted staff to the specific individual needs of these patients when they presented at the reception counter.
- Staff recognised increasing rates of diabetes in the population and implemented health promotion strategies to address their needs. This included lifestyle guidance and exercise and diet advice.
- Staff provided sex education advice to young people, including for family planning and contraception. Specialist sexual health services were provided locally and staff proactively signposted young people to them.

The practice's uptake for the cervical screening programme was 71% which was comparable to the CCG average of 72% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information suitable for people with varying degrees of understanding and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice uptake for bowel cancer screening in the last 30 months was 43% compared to the CCG average of 48% and national average of 58%. The practice uptake for breast cancer screening for patients aged 50-70 in the last 36 months was 50% compared to the CCG average of 49% and national average of 72%.

## Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were variable compared to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 65% to 94% in comparison to the national expected coverage of 90%. Average MMR immunisation rates for both doses was at 83% compared to the CCG average of 83% and the national average of 91%. The practice audited childhood immunisation performance against local CCG standards. In September 2016 audit results showed the practice exceeded the minimum target for immunisations for children up to two years old but was 11% under target for children under five years old. As a result the practice

engaged with the local immunisation team and contacted each child's parents to discuss immunisation options. Non-clinical staff also ensured that when a parent called the practice for an appointment they were asked for up to date contact details so immunisation reminders could be accurately sent.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were all positive about the standard of care and approach of staff. The general themes were that staff were friendly and caring and provided an individualised service. Several patients also commented they appreciated being able to get an appointment on the same day.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was average for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 78% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 88% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 90% and the national average of 92%.
- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.
- 90% of patients said the last nurse they spoke to was good at giving them enough time compared to the CCG average of 88% and the national average of 92%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG and national averages of 87%.

Where results were lower than CCG or national averages, the practice had established actions to take for improvement. This included where results had changed from previous surveys.

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

Patient feedback from the comment cards we received indicated people felt involved in decision making about their care. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and national averages of 86%.
- 71% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national averages of 82%.
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Translation services were available for patients who did not have English as a first language. The practice had access to a telephone translation service and interpreters were invited to the practice at the patients' request. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format on request.

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

Patient information leaflets and notices were available in the patient waiting area that told patients how to access a number of support groups and organisations. Information about support groups was also available.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them

## Are services caring?

and the practice offered flu jabs and referrals for respite care to these individuals. A notice in the waiting room helped people to identify if they were carer and therefore able to access the support and guidance on offer. The practice provided this information after staff had spoken with people who had not realised they were carers.

Where families suffered a bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a consultation at a flexible time to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

- The practice reviewed the needs of its local population and engaged with the clinical commissioning group (CCG) to secure improvements to services.
- There were longer appointments available for patients with a learning disability. Patients could request a home visit for their annual review.
- The practice followed national dementia friendly guidance from the Alzheimer's Society, including through staff training and regular health checks.
- Same day appointments were available for children, vulnerable patients and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations and advice through a dedicated travel clinic.
- There were accessible facilities and translation services available.
- The practice invited all over 75 year olds to attend an annual health check, which included a blood test, full health review and advice regarding diet, nutrients, exercise, a dementia screen and frailty check.
- A psychologist from the Camden team around the practice ("TAP") service was available on site two days per week. This service enabled GPs to provide rapid access to psychological therapies for patients and meant the multidisciplinary team could more readily discuss care and treatment plans. We saw from looking at patient records that the GP and TAP team provided individualised care to patients with emerging and established complex needs.
- The practice maintained a list of patients who were housebound and the electronic patient records system alerted staff if a patient was hard of hearing, visually impaired or had a learning disability. The practice contacted patients with a learning disability by phone to schedule their annual health check, followed by a confirmation letter. This replaced a system that included a letter reminder after staff noticed better levels of engagement and attendance when appointments were scheduled by phone.

### Access to the service

People told us on the day of the inspection that they were able to get appointments when they needed them. We saw evidence that urgent and phlebotomy appointments were available the same day and routine GP appointments were pre-bookable by up to four weeks. In addition any patients that walked in to the practice was seen on the same day as the practice had a policy that no patients would be turned away.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was variable compared to local and national averages.

- 51% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% national average of 76%.[SA1]
- 77% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and national average of 73%.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The practice designated a duty doctor each day to take responsibility for home visit requests and emergency appointments. The patient would be contacted by telephone to assess the risk. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

The practice sent a text message to every patient to remind them of their next appointment, which also included the option to cancel the appointment by replying to the message. Staff told us this helped to reduce the number of wasted appointments by people who did not attend.

### Listening and learning from concerns and complaints

The practice had an effective 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.
- The practice manager was the designated responsible person who handled all complaints in the practice.

## Are services responsive to people's needs? (for example, to feedback?)

- We saw that information was available to help patients understand the complaints system including a leaflet which was available in different formats for patient who needed additional assistance. The leaflet advised patients of alternative organisations to raise concerns if they were unhappy with the outcome of the complaint. These included the Parliamentary and Health Service Ombudsman, Healthwatch and the Independent Health Complaints Advocacy.

The practice had received no formal complaints in the 12 months prior to our inspection and staff demonstrated how they responded positively to informal concerns or issues, such as when a patient felt they had received contradictory advice.



# 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.

- The practice had a mission statement and staff knew and understood the values and demonstrated these when providing care and services.
- The practice had a strategy and business development plan which outlined the changes the practice planned to make in 2017, including to increase GP and nurse staffing.

### 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. The practice was actively upskilling staff to ensure there was adequate cover in each role within the practice.
- The principle GP met for one hour daily with the non-clinical team to discuss patient queries, referrals, test results and rejections. This enabled the administration team to respond quickly to patients and reduce the need for unnecessary appointments.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. The practice had achieved a high score for QOF points and performed well in relation to exception reporting.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The locum practice nurse worked on site one day per week and had access to support and meetings with the permanent clinical team. The nurse met weekly with the principle GP to discuss specific patients and we saw there was regular communication between staff when needed.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They demonstrated how they prioritised safe, high quality and compassionate care. Staff told us the senior team were approachable, created an inclusive culture and always took the time to listen.

The practice invested in its staff and provided additional support where required to enable them to achieve individual goals. For example, a healthcare assistant was being supported to significantly upskill in their clinical competencies in order to expand the range of services they could provide.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.

There was a clear leadership structure in place and staff felt supported by the senior team.

- Practice meetings were held monthly and each individual had the opportunity contribute to the agenda in advance.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice and the partners encouraged staff to identify opportunities to improve the service delivered by the practice.

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



# Are services well-led?

Good 

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery and design of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG), which met three times per year. The PPG highlighted the popularity of online services, which reflected the significant number of young and working age patients on the practice list. As a result the practice increased the availability of online appointments to include all types of slot except for emergency appointments. In addition PPG members had engaged with a local integrated digital records service to identify opportunities for improvement in access and had sourced a wider range of information for older patients available in the waiting room to meet the needs of the local population.

- The practice used a survey in line with the NHS Friends and Family Test to collect feedback and make changes to the service. This included a change in practice opening times in response to patient feedback.

## Continuous improvement

The practice proactively engaged with local community extended services providers to ensure patients with long term or complex conditions had access to multidisciplinary specialist services on-demand to supplement access to GPs. Staff targeted this service at patients most at risk of hospital admission and ensured the range of services provided as part of it were used to meet individual needs.