# Cholmley Gardens 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 on 17 November 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- 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.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about how to complain was available and easy to understand. Comments and complaints were analysed and improvements were made to the quality of care as a result of complaints and concerns.
- 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 provider was aware of and complied with the requirements of the duty of candour.

**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?**

Good

The practice is rated as good for providing safe services.

- 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.
- 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.
- Risks to patients were assessed and well managed.

**Are services effective?**

Good

The practice is rated as good for providing effective services.

- Current data from the Quality and Outcomes Framework (QOF) showed patient outcomes were generally comparable with local and national averages.
- The practice monitored performance and where the need for some improvement had been identified it had implemented actions.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits relating to relevant health issues were used to monitor quality and to make improvements.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

**Are services caring?**

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed the practice was slightly below averages in respect of some aspects of care. However, the practice had arranged its own, more recent and larger survey, which had shown more positive results.

# Summary of findings

- Patients told us 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.

**Are services responsive to people's needs?**

Good

The practice is rated as good for providing responsive services.

- Morning and evening appointments were available for patients unable to attend during normal working hours.
- The practice proactively sought feedback from patients, which it acted upon. The patient participation group was active. Suggestions made by the group had been implemented by the practice.
- 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.

**Are services well-led?**

Good

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 understood the vision and their responsibilities in relation to it.
- There was a strong leadership structure and staff felt supported by management. The practice had various up to date policies and procedures to govern activity.
- 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 practice was aware of and complied with the requirements of the duty of candour. The provider and practice management encouraged a culture of openness and honesty.
- Staff members felt supported by management and were positive regarding their involvement in decision making.
- The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

# Summary of findings

- There was a focus on continuous learning and improvement at all levels.

# 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

Good

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

- 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 made provision for urgent appointments for those with enhanced needs.
- The practice maintained a case management register of patients at high risk of admission to hospital. There were 158 patients currently on the register, all of whom had up to date care plans. Thirty-four patients had been discharged from hospital during April to June 2016, of whom 29 (85%) had had follow up consultations. In September 2016, eight patients had been discharged and all had had follow ups.
- Records showed that 60 patients, being 91% of those who were prescribed ten or more medications, had had a structured annual review.
- Data showed that 189 patients identified as being at risk of developing dementia had received a cognition test or memory assessment.

### People with long term conditions

Good

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

- The practice's performance relating to diabetes care was comparable with local and national averages.
- The practice maintained a register of 153 patients with diabetes, of whom 85% of those eligible had received an annual foot check and 85.4% of those eligible had received an annual retinal check.
- Current data showed the practice's performance relating to patients with atrial fibrillation, hypertension, chronic obstructive pulmonary disease and asthma was comparable with the national average.
- Longer appointments and home visits by GPs and nurses were available when needed.

### Families, children and young people

Good

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

# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances and maintained a register of vulnerable children.
- Data showed that 77 children had attended A&E in the period April to June 2016 and 68 (88%) had been followed up. In September, 27 children had attended and 24 (89%) were followed up.
- Take up rates for standard childhood immunisations were generally comparable with averages.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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

Good

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

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Morning and evening appointments with both GPs and nurses were available for those patients who could not attend during normal working hours.
- Telephone consultations were available with patients' usual GPs.
- The practice's uptake for the cervical screening programme was comparable with averages.
- Data showed that 1,857 patients aged over-16 (90% of those eligible) had undergone blood pressure checks in the last five years.

**People whose circumstances may make them vulnerable**

Good

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

- The practice maintained a learning disability register of six patients, of whom five had received an annual follow and had had their care plans reviewed, in the half year since April 2016.
- The practice offered longer appointments for patients with a learning disability.

# Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Homeless patients could register with the practice's address to access healthcare and welfare services.
- 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.

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

Good

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

- 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 (01/04/2015 to 31/03/2016) was 75%, comparable with the national average.
- Patients on the severe mental health register had attended A&E on 17 occasions between January and June 2016. These had been followed up in 16 instances (94%).
- The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2015 to 31/03/2016) was 96.3%, being comparable with the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Continuity of care for patients experiencing poor mental health was prioritised.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia. All staff had completed online training relating to the Mental Capacity Act.

# Summary of findings

## What people who use the service say

The latest national GP patient survey results available at the date of the inspection had been published in July 2016 and covered the periods July - September 2015 and January - March 2016. The results were mixed, when compared with local and national averages. Three hundred and twenty five survey forms were distributed and 101 were returned. This represented roughly 1.3% of the practice's list of approximately 7,500 patients.

- 86% of patients found it easy to get through to this practice by phone, compared to the local average of 76% and the national average of 73%.
- 86% of patients were able to get an appointment to see or speak to someone the last time they tried, compared to the local average of 84% and the national average of 85%.
- 75% of patients described the overall experience of this GP practice as good, compared to the local average of 84% and the national average of 85%.
- 73% of patients said they would recommend this GP practice to someone who has just moved to the local area, compared to the local average of 79% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 42 comment cards, almost all of which were positive about the service experienced. However, two cards mentioned that the practice was sometimes rushed; two said it was sometimes difficult to get emergency appointments; two mentioned clinical issues they had raised with the practice; and one card said the receptionists could be "short at times".

We spoke with four patients during the inspection, together with two members of the patient participation group. The patients said they were very satisfied with the care they received and thought staff were approachable, committed and caring.

We saw the most recent data from the Friends and Family Test, which showed that 289 patients had responded, with 214 (74%) saying they were extremely likely to recommended the practice and 62 (21%) that they were likely to recommended it. Five patients (1.7%) said they were unlikely to recommend it.

We also saw the results of a patient survey done on the practice's behalf in June 2016, which were predominately very positive.

# Cholmley Gardens Surgery

**Detailed findings**

## Our inspection team

**Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser and a practice nurse specialist adviser.

## Background to Cholmley Gardens Surgery

Dr Eric Ansell's practice, known as Cholmley Gardens Surgery, operates from 1 Cholmley Gardens, Mill Lane, London NW6 1AE. The premises are located a short distance from West End Lane, with good bus services nearby, and close to West Hampstead tube and overground stations.

The Cholmley Gardens Surgery provides NHS services through a Personal Medical Services (PMS) contract to approximately 7,500 patients. The practice had merged with the nearby Westfield Medical Centre in October 2015, thereby increasing the patient list by approximately 30%. Two salaried GPs from Westfield transferred to Cholmley Gardens.

The practice is part of the NHS Camden Clinical Commissioning Group (CCG) which is made up of 35 general practices. Dr Ansell (the provider) is registered with the Care Quality Commission to carry out the following regulated activities - Diagnostic and screening procedures; Maternity and midwifery services; Family planning; Treatment of disease, disorder or injury. The patient profile has a lower than average population of teenage and younger adults aged under-24 years; with a higher than average working age population, aged between 25 and 44 years and fewer patients aged over-45. The deprivation score for the practice population is in the third "less deprived decile", indicating a lower than average deprivation level among the patient group.

The practice's clinical team is made up of the provider and three female salaried GPs; there are two practice nurses and a health care assistant. There is a male locum GP, who has worked at the practice long-term. The GPs work a total of 26 clinical sessions per week. The provider works nine clinical sessions per week, with the salaried GPs working four, six and seven clinical sessions each. The practice nurses work three and five clinical sessions each. The administrative team comprises a practice manager and deputy, a medical summariser and four receptionists. There is also an attached counsellor.

The practice reception operates between the following times -

Monday 8 am – 1pm and 2 pm – 5.30 pm

Tuesday 8 am – 1pm and 2 pm – 6 pm

Wednesday 8 am – 1pm and 2 pm – 8 pm

Thursday 8 am – 1pm and 2 pm – 7.30 pm

Friday 8 am – 1pm and 2 pm – 5.30 pm

Phones are operated from 9 am each morning, before which phone calls are put through to the out of hours provider.

The GPs' clinical sessions are three hours long each morning and evening, with extended hours appointments available until 8 pm on Wednesday and 7.30 pm on Thursday.

Routine appointments are 10 – 15 minutes long, although patients can book double appointments if they wish to discuss more than one issue. Appointments can be booked

up to 14 days in advance. Patients may request urgent appointments, when a receptionist will note the patient's contact details and their health needs and pass them to the duty GP to triage and phone the patient back.

Emergency home visits are available for patients who for health reasons are not able to attend the practice. Patients may also arrange telephone consultations with GPs, usually between 11.30 am and 12 mid-day each weekday, to discuss non-urgent healthcare issues. If they have previously registered for the system, patients can book or cancel appointments and request repeat prescriptions online. The practice also has a 24-hour system for booking appointments by phone, for patients without online access. Patients who have provided their mobile numbers and consent are sent text message reminders of their appointments.

Further evening appointments, at another practice in south Camden, can be booked by Cholmley's reception staff at a patient's request. In addition, a number of Saturday appointments are available under a local scheme operating at three other locations across the borough; two are nearby, and another is in south Camden. The practice has opted out of providing an out-of-hours service. Patients calling the practice when it is closed are connected with the local out-of-hours service provider. There is information given about the out-of-hours provider and the NHS 111 service on the practice website, together with details of a walk-in clinic, which any patient can attend.

## Why we carried out this inspection

We carried out a comprehensive inspection of the practice 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.

We had last inspected the practice using our previous inspection methods in November 2013, when we found that it was complying with the regulations in force at the time.

## 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 17 November 2016. During our visit we:

- Spoke with a range of staff including the provider and salaried GPs, a practice nurse, the practice manager and deputy and members of the administrative team. We also spoke with four patients who used the service, and two members of the patient participation group.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- 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.

Good

# Are services safe?

## Our findings

**Safe track record and learning**

There was an effective system in place for reporting and recording significant events. These included actual incidents and near misses.

- The practice had a protocol for recording incidents, managing any investigation, analysis and for recording the outcomes. The protocol, which had been reviewed in June 2016, and reporting form was accessible via a shortcut on staff members' computer screens. Staff we spoke with were familiar with the protocol and reporting form and described how these were used. The provider and practice manager led for significant events. We saw several examples of completed records. We saw that events were reviewed at weekly clinical meetings and at informal daily clinical handovers, if of particular significance. Information, including the results of investigations, was disseminated to staff by email and when relevant discussed at quarterly whole staff meetings. We saw minutes of the annual serious events review, conducted in August 2016.
- The incident management process 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.
- 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 to prevent the same thing happening again.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, there had been 10 incidents treated as serious adverse events in 2016. We discussed several of them with staff. In one case, the results of a patient's tests carried out at a local hospital were sent to the practice. These indicated a significant risk to the patient, but had been treated by the hospital as requiring only a routine appointment at the relevant clinic. The practice nurse alerted the duty GP to the results. The GP called the patient arranging to them to attend the practice forthwith. Further tests were carried out, which warranted the practice making an appointment directly with the hospital's medical team. The matter was discussed in a clinical meeting and the practice's relevant protocol was reviewed and revised. Learning was feedback to the locum GP who had referred to patient for the initial hospital tests.

Patient safety alerts, received using the NHS Central Alerting System, and for example relating to particular medications, were received by all clinicians. The practice manager collated and maintained records of all alerts received in a hard copy folder. When medications alerts were received, the administrative team ran a search of computer records, to identify which patients had been prescribed the drugs, who were then contacted accordingly. We saw evidence of recent alerts, including one issued by the Medicines and Healthcare products Regulatory Agency (MHRA) in September regarding the recall of GlucaGen HypoKits, used by diabetics in an emergency, and a patient safety alert from the day before our inspection regarding the "Risk of severe harm and death due to withdrawing insulin from pen devices". The alerts were discussed at clinical meetings and we noted that two issues were reviewed in detail during a training meeting in September 2016.

The practice participated in safety and quality alert processes operated by the Camden CCG, which shared information with all 35 practices. We saw copies of recent newsletters issued by the CCG to the practices, which had been distributed to all staff to share learning.

**Overview of safety systems and processes**

The practice had clearly defined and embedded systems and processes in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Two of the salaried GPs were the named leads for adult safeguarding and child protection. The adult safeguarding policy had been reviewed in January 2016, with the child protection policy being reviewed in July 2016. Both were accessible to all staff on the shared drive. They clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other

agencies. The practice maintained a register of vulnerable patients; there were eight such patients at the time of our inspection. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The GPs and practice nurses were trained to safeguarding level 3. The deputy practice manager was trained to level 2, and the remaining staff were trained to level 1.

- Notices in the waiting area and consultation rooms advised patients that chaperones were available if required. The practice website also mentioned chaperones being available on the appointments page. The practice policy, which had been reviewed in January 2016, was available to all staff on the practice computer system. Administrative staff who performed chaperone duties had received appropriate training and repeat Disclosure and Barring Service (DBS) checks had been carried out. 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. We interviewed several staff members and discussed chaperoning. They had a clear understanding of the issue and their duties when acting as chaperones.
- The practice maintained good standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A contractor carried out cleaning in accordance with written cleaning schedules and checklists, posted in each room. Clinical staff were responsible for cleaning their rooms during the day. One of the practice nurses was the clinical lead and the nurses worked closely with the practice manager and deputy on infection prevention and control issues. All had received appropriate level training and we saw records evidencing that all staff received regular refresher training. It was also an area covered by the staff induction process. The infection control policy, together with the policies relating to clinical waste and general waste management, had been reviewed in August 2016. The practice liaised with the local infection prevention teams to keep up to date with best practice. The practice carried out regular infection control audits. We saw records of the last one, and noted it contained an appropriate action plan to address any highlighted issues. These had been actioned straight away. We saw evidence that regular cleaning audits were carried out. We saw that disinfectant gel was available and hand washing guidance was provided by posters throughout the premises. Clinical waste was stored in a secure container outside the premises and was collected weekly and disposed of by a licensed contractor. The practice had an in date sharps injury protocol, accessible on the shared computer system, and guidance notices advising on procedures relating to sharps injuries available in the treatment and consultation rooms. Disposable curtains were used in the GP's consultation rooms and had a note affixed of when they had been put up and were due to be changed. Mobile plastic screens were used in the nurses' treatment room. The practice had spillage kits and a sufficient supply of personal protective equipment, such as surgical gloves, aprons and masks. The practice staff we spoke with were aware of the appropriate procedures to follow should there be the need use the spillage kits. Equipment, such as spirometer and nebuliser, was cleaned and maintained in accordance with a written schedule and the manufacturer's recommendations. All medical instruments were single-use. A record was maintained of all staff members' Hepatitis B immunisation status.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe including obtaining, prescribing, recording, handling, storing, security and disposal. Processes were in place for handling repeat prescriptions. These included the review of high risk medicines, with flags on patients' records to assist in monitoring their prescribing. The practice's repeat prescribing policy had been reviewed in August 2016. 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 for safe prescribing. The practice benchmarked its prescribing practice using data provided by the CCG. We saw that Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The use of PGDs was in accordance with current guidelines. The practice nurses appropriately monitored and recorded stocks of medicines and vaccines; supplies were reordered on a regular basis to avoid a build-up of stock if it was unused for a significant period. The vaccines fridge temperatures

were monitored and recorded. Only one thermometer was used. When we discussed this staff, they confirmed they would obtain a second one. All the medicines and vaccines we saw were within date and fit for use.

- We reviewed the personnel files of four staff and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

**Monitoring risks to patients**

Risks to patients were assessed and well managed. A health and safety audit and risk assessment, which included a full fire risk assessment, had been carried out in November 2015 and we saw evidence that the 2016 audit was programmed to be done shortly after our inspection. The practice health and safety policy had been reviewed in August 2016. All staff had undertaken online annual fire awareness training in December 2015 and a number of staff were also trained as fire wardens. Firefighting equipment was inspected annually, most recently in August 2016, when the fire safety policy had been reviewed. Fire drills were conducted every six months.

The annual inspection and calibration of medical equipment had been carried out in June 2016; together with the annual inspection of portable electrical appliances (PAT Testing). The boiler had been expected and certified in September 2016 and the fixed wiring at the premises had been checked in October 2016. The practice had a variety of other risk assessments in place to monitor safety at the premises. These included a register and risk assessment relating to the Control of Substances Hazardous to Health (CoSHH), and legionella - a particular bacterium which can contaminate water systems in buildings, which had been risk assessed in November 2015. The risk assessment is required every two years and we saw evidence that the next assessment had been booked. A contract was in place for the quarterly sampling and testing of the water supply at the premises and water temperature tests were done by staff on a weekly basis.

**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 any emergency.
- All staff were up to date with annual basic life support training and guidance was posted in all consulting rooms.
- The practice had a defibrillator available on the premises, with the pads in date and the battery charged ready for use. The practice had an emergency oxygen supply, a first aid kit and an accident recording book was used. We saw evidence that the equipment was checked on a daily basis.
- The practice had a range of emergency medicines which were monitored by practice nurses and were easily accessible to staff in a secure area of the practice; all staff knew of their location. All the medicines we checked were in date and stored securely. Supplies were logged and monitored.
- The practice had a detailed business continuity plan in place. The plan had been reviewed in May 2016. It contained emergency contact numbers for stakeholders, utilities providers and contractors. The plan provided for the service to re-locate temporarily should the premises be put out of use because of fire, flooding or power-cuts.

Good

# 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. These included National Institute for Health and Care Excellence (NICE) best practice guidelines and those issued by the Camden CCG.

- The practice had systems in place to keep all clinical staff up to date and to provide them with information to help deliver care and treatment that met patients' needs. For example, we saw that the practice had a protocol for receiving and disseminating clinical guidance, such as those issued by the National Institute for Clinical Excellence (NICE). Guidelines were received and logged onto the practice's computer system. We saw that they were discussed at weekly clinical meetings. The guidelines and alerts were also printed and added to a central library file, which could be accessed by all staff, as well as by any locums. We saw that NICE guidance was also covered by newsletters from the Camden CCG, which were distributed to all staff and discussed. Recent examples included "Mental health problems in people with learning disabilities" (NG54); "Supporting people with dementia and their carers" (CG42); and "Multimorbidity" (NG56).
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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

The practice 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 recently published results related to 2015/16 and were 92.9% of the total number of points available being 2.3% below the CCG average and 2.5% below the national average. The practice's clinical exception rate was 5.6%, which was 1.8% below the CCG average and 4.2% below 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 that cannot be prescribed because of side effects.

Data from 2015/16 showed:

- Performance for diabetes related indicators was 91%, being 1% above the CCG and national averages.
- Performance for hypertension related indicators was 95%, being 3% below the CCG and the national averages.
- Performance for chronic obstructive pulmonary disease was 89%, being 8% below the CCG average and 7% below the national average.
- Performance for asthma was 71%, being 25% below the CCG average and 26% below the national average.
- Performance for mental health related indicators was 76%, being 16% below the CCG Average, and 17% below the national average.

We discussed the figures with staff. They included results relating to the Westfield Medical Centre which had merged with the practice in October 2015. Staff were able to show us data current as at the 7th November 2016, which indicated an overall improvement since then, as follows –

- Performance for hypertension related indicators, 26 points out 26 - 100%.
- Performance for chronic obstructive pulmonary disease, 27 points out of 29, amounting to 93.1%.
- Performance for asthma related indicators, 42.82 points out of 45, amounting to 95.2%.
- Performance for mental health related indicators, 24.5 points out of 25, amounting to 94.2%.

There was evidence of quality improvement including clinical audit to highlight where improvements made could be monitored. They included ones that had been initiated by the practice as well as a number by the local CCG. There had been seven clinical audits carried out in the last 12 months. Of these, three were completed or ongoing repeat audits. We looked at the results of completed cycle audit relating to methotrexate prescribing. This is a chemotherapy agent and immune system suppressant, used to treat certain types of cancer and autoimmune diseases. The audit was carried out in March 2015 and repeated in April 2016. It demonstrated improvement in a number of criteria, such as correct monitoring being recorded, shared care guidelines were available and

Good

# Are services effective?

## (for example, treatment is effective)

retained on the patients' records and that patients were issued and maintained monitoring and information booklets. The re-audit showed the practice was exceeding the targets for all the audit criteria. Another audit, relating to inadequate cervical smears, indicated that the practice had a slightly higher rate (3.29%) than the national average (3%). Accordingly, the practice arranged for all clinicians involved in smear taking to attend a cytology training session. The training would be repeated every three years.

**Effective staffing**

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

- We saw the practice's recruitment policy, which had been reviewed in August 2016 and its staff induction policy, reviewed in January 2016. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. All new staff were subject to a probationary period which varied according to their role.
- The practice prepared staff rotas a month in advance, allowing for planned absence to be covered appropriately.
- Few locum GPs were used; but, when needed, regular locums with past experience at the practice were booked. There was a suitable information pack for them to use.
- The practice could demonstrate how it ensured role-specific training and updating for relevant staff, for example diabetes, mental health care, safeguarding and infection control.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included 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 training objectives were recorded.
- Staff received training that included: safeguarding, fire safety awareness, basic life support, and information governance. Staff had access to and made use of a range of e-learning training modules and in-house and external training. The practice manager maintained records of staff training needs and was able to easily monitor and identify when refresher training was due. Staff had protected learning time.

**Coordinating patient care and information sharing**

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. We saw several examples on various patients' records which we reviewed with clinical staff.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice used systems, such as Co-ordinate My Care and the Camden Integrated Digital Record ("CIDR") to share information with other providers involved in patients' care.
- We saw examples of special patient notes, used to share appropriate information with the out of hours service provider, urgent care centres and the local ambulance service.

Staff worked together and 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. The practice held multidisciplinary team meetings (MDTs) on a monthly basis. Participants included, district nurses, health visitors, social workers, psychology and mental health professionals and the palliative care team.

**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. Staff had received training which included guidance on the Mental Capacity Act 2005.

Good

# Are services effective?

## (for example, treatment is effective)

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Staff were able to demonstrate a familiarity with children's capacity to consent to treatment, which included consideration of the Fraser Competence Guidelines, relating to contraceptive or sexual health advice and treatment.
- The practice computer system contained appropriate templates for use in establishing patients' mental capacity to consent and to record action taken in the patients' best interest.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

**Supporting patients to live healthier lives**

The practice identified patients who may be in need of extra support and signposted them to the relevant service. This included patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice had identified the smoking status of 5,511 patients aged over-16 (95%) and offered smoking cessation advice to 51% of the identified smokers.

The practice's uptake for the cervical screening programme was 78%, comparable with the national average of 82%. There was a policy to offer telephone reminders for all patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme for those with a learning disability and it 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, with its results for both being slightly above CCG averages.

Childhood immunisation rates for the vaccinations given to under two year olds ranged from 67% to 91%, achieving one of four 90% target indicators, a score of 8.1 out of 10, compared with the national average of 9.1. Staff had investigated the issue. The practice's records system was used to gather the relevant data, including that relating to the rotavirus immunisations. Staff found it did not register children's second rotavirus immunisation, if it was administered on the 27th or 28th day after the initial immunisation and this had had an impact on the figures. Data showed that 30 children of 32 eligible had received both immunisations (94%). Staff told us the practice would henceforth ensure that the second vaccine would be given more than 28 days after the first. The practice immunisations rates for five year olds ranged from 80% to 94%, being slightly above local averages.

The practice had provided a Sunday flu clinic in October 2016, with the two practice nurses providing flu vaccinations.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 16-65 years. Data showed that 105 patients aged over-16 had been offered health checks and 54 (51%) had been carried out. Data also showed that 1,857 patients (90% of those eligible) had undergone blood pressure checks in the last five years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

# Are services caring?

## Our findings

**Kindness, dignity, respect and compassion**

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

- Curtains were provided in consulting rooms, with screens in the nurses' treatment room to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Phone calls were handled by staff away from the waiting area, maintaining confidentiality.

Almost all of the 42 patient comments cards we received and the six patients we spoke with were generally very positive about the service experienced. However, two cards mentioned that the practice was sometimes rushed; two said it was sometimes difficult to get emergency appointments; two mentioned clinical issues they had raised with the practice; and one card said the receptionists could be "short at times". The CQC comment cards and the patients we spoke with highlighted that staff responded compassionately when they needed help and provided support when required. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

The practice's satisfaction scores recorded by the GP patients' survey on consultations with GPs and nurses were mixed, with GPs' results being slightly lower than local and national averages and nurses' results slightly higher. For example -

- 80% 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%.
- 80% of patients said the GP gave them enough time, compared to the CCG average of 85% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw, compared to the CCG average of 94% and the national average of 95%.
- 82% 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 saw or spoke to was good at listening to them, compared to the CCG average of 87% and the national average of 91%.
- 90% of patients said the last nurse they saw or spoke to was good at giving them enough time, compared to the CCG average of 88% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw or spoke to, compared to the CCG average of 96% and the national average of 97%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern, compared to the CCG average of 87% and the national average of 91%.

In addition, 87% of patients said they found the receptionists at the practice helpful, the same as both the CCG and national averages.

Staff showed us the results of a patient survey conducted on its behalf in June 2016, more recently than the GP patient survey, and involving approximately 120 patients (the GP patients survey had been completed by 101 patients). The practice survey had covered similar issues as the GP patient survey and indicated that patients' were very satisfied with their experience of GP consultations, with no negative opinions recorded.

We also saw that the practice monitored the results of the GP patients' survey, together with the Friends and Family Test. It checked and responded to reviews left by patients on the NHS Choices website.

Staff told us of the additional lengths the practice went to in providing a caring service. These included the practice carrying out a number of home visits, when patients could not be contacted, as well as telephoning patients at weekends, if there were ongoing concerns. We were also told that staff had prepared meals for patients when carrying out home visits and they had visited patients who were in hospital. We saw a number of very positive comments made by patients directly to the practice regarding this aspect of the service.

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

Good

# Are services caring?

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey regarding patients' involvement in planning and making decisions about their care and treatment were generally slightly lower than local and national averages. For example -

- 78% of patients said the last GP they saw was good at explaining tests and treatments, compared to the CCG average of 86% and the national average of 86%.
- 72% of patients said the last GP they saw was good at involving them in decisions about their care, compared to the CCG average of 82% and the national average of 82%.
- 94% of patients said the last nurse they saw or spoke to was good at explaining tests and treatments, compared to the CCG average of 85% and the national average of 90%.
- 78% of patients said the last nurse they saw was good at involving them in decisions about their care, compared to the CCG average of 82% and the national average of 85%.

However, the larger and more recent patient survey done on the practice's behalf was again very positive regarding these issues.

The practice provided facilities to help patients be involved in decisions about their care. Staff told us that translation services were available for patients who did not have English as a first language. The service was mentioned on the practice website. In addition, the practice made use of signers, to help patients with hearing difficulties.

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

There were notices and patient leaflets waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs when a patient was recorded as being a carer. The practice had identified 95 patients as carers, over 1% of the practice list. The practice had produced a carer's pack and there was written information available in the waiting area to direct carers to the various avenues of support available to them. The practice had its own attached counsellor.

Staff told us that if families had suffered bereavement, their usual GP contacted them by post, offering a face-face or telephone consultation. We saw examples of this mentioned in clinical meeting minutes. We saw that information about bereavement and support services was available in the waiting area and on the practice website.

Good

# 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 NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- Early morning appointments were available throughout the week, with late appointments up to 8 pm on Wednesday and 7.30 pm on Thursday, for patients not able to attend during normal working hours.
- Emergency consultations were available for children and those patients with medical problems which required urgent consultation.
- There were longer appointments available for patients with a learning disability.
- Home visits by GPs and nurses were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Telephone consultations were available for working patients.
- There were disabled facilities and all consultation rooms had step-free access. There were baby-changing and breast feeding facilities available.
- Interpreting and signing services was available.
- Appointments could be booked, and repeat prescription requested, online. Appointments could also be booked using a 24-hours automated telephone service.
- Text reminders were sent to those patients who had provided their mobile number and consent.

**Access to the service**

The practice reception operated between the following times -

Monday 8 am - 1pm and 2 pm – 5.30 pm

Tuesday 8 am - 1pm and 2 pm – 6 pm

Wednesday 8 am - 1pm and 2 pm – 8 pm

Thursday 8 am - 1pm and 2 pm – 7.30 pm

Friday 8 am - 1pm and 2 pm – 5.30 pm

Phones are operated from 9 am each morning, before which phone calls were put through to the out of hours provider.

The GPs' clinical sessions were three hours long each morning and evening, with extended hours appointments available until 8 pm on Wednesday and 7.30 pm on Thursday.

Routine appointments were 10 – 15 minutes long, although patients could book double appointments if they wished to discuss more than one issue. Appointments could be booked up to 14 days in advance. Patients could request urgent appointments, when a receptionist would note the patient's contact details and their health needs and pass them to the duty GP to triage and phone the patient back.

Emergency home visits were available for patients who for health reasons are not able to attend the practice. Patients could also arrange telephone consultations with GPs, usually between 11.30 am and 12 midday each weekday, to discuss non-urgent healthcare issues. If they have previously registered for the system, patients could book or cancel appointments and request repeat prescriptions online. The practice also had a 24-hour system for booking appointments by phone, for patients without online access. Patients who had provided their mobile numbers and consent were sent text message reminders of their appointments and when reviews were due.

Further evening appointments at another practice in south Camden could be booked by Cholmley's reception staff at a patient's request. In addition, a number of Saturday appointments were available under a local scheme operating at three other locations across the borough; two were nearby, and the other was in south Camden. One of the salaried GPs worked at one of the Saturday clinic locations, allowing an element of continuity of care. The practice had opted out of providing an out-of-hours service. Patients calling the practice when it is closed were connected with the local out-of-hours service provider. There was information given about the out-of-hours provider and the NHS 111 service on the practice website, together with details of a walk-in clinic, which any patient can attend.

Two of the 42 patients' comments cards we received mentioned it was sometimes difficult to get emergency appointments. The remainder, together with the six patients we spoke with, did not refer to any difficulties accessing the service. This was borne out by the results of the GP patient survey, which showed the practice's scores regarding access were above average, for example -

Good

# Are services responsive to people's needs?

## (for example, to feedback?)

- 86% of patients found it easy to get through to this practice by phone, compared to the CCG average of 76% and the national average of 73%.
- 86% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and the national average of 85%.
- 93% of patients said their last appointment they got was convenient, compared with the CCG average of 88% and the national average of 92%.
- 60% of patients usually getting to see or speak to their preferred GP, compared to the CCG average of 53% and the national average of 59%.

The premises were leased by the provider. They occupied the ground floor of a low-rise block of flats. They had been converted from living accommodation. There was ramp access to the main door for wheelchair users and patients with buggies and the six consultation rooms were on the same level. The practice did not have an induction loop to assist patients with a hearing impairment. But it sent us evidence that one had been obtained a week after our inspection.

**Listening and learning from concerns and complaints**

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy, which had been reviewed in April 2016, 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. They were assisted by the associate practice manager.
- We saw that information was available to help patients understand the complaints system. There were notices posted around the premises and complaints information was given in both the practice leaflet and on its website.

We saw that 11 written and verbal complaints had been submitted directly to the practice in the last 12 months. The complaints were satisfactorily handled, dealt with in a timely way, with openness and transparency. They were closely monitored and discussed at weekly clinical meetings and monthly all staff meetings. We saw they were reviewed on an annual basis, most recently in August 2016, and anonymised summaries were shared and discussed with the PPG. The complaints were analysed in detail to identify any trends and action was taken to as a result to improve the service and quality of care. We looked at one of the complaints which related to a child's appointment. The patient had arrived late and could not be seen by the GP. They were initially referred to a walk in centre by a receptionist, but one of the nurses made an appointment for them the following day. It was noted that the patient had an ongoing health condition and a note was added to their record stating that should an emergency appointment be requested in future the patient would be accommodated. The practice's policy on late arrivals was reviewed and amended to reflect this approach for other patients in similar circumstances.

# 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. Its mission statement was set out on its website and posted in the waiting area -

- "We endeavour to cultivate and maintain high quality individualised patient care, delivering all standard core primary care services and developing a range of enhanced services that are consistent with modern general practice.
- We aim for all members of the practice to work in a positive environment where they feel valued, respected and supported.
- We aspire to be a respected practice in the community where patients see us as conscientious, accessible, trustworthy and reliable. We also aim to be valued by other healthcare professionals, both clinical and managerial.
- We wish to maintain the traditional values of a family general practice, providing continuity of care for all patients as well as embracing innovations to provide a comprehensive and holistic service."

Staff we spoke with were aware of the statement and supported it.

**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 staff were aware of their own roles and responsibilities.
- Practice-specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- The practice monitored the results of the GP patients' survey, together with the Friends and Family Test. It checked and responded to reviews left by patients on the NHS Choices website and ran its own patient surveys.
- A programme of clinical and internal audit relating to relevant health issues was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

**Leadership and culture**

The provider demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. We were told they prioritised safe, high quality and compassionate care. Staff told us the provider and practice management were approachable and always took the time to listen to all members of the practice team.

The practice 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 practice management encouraged a culture of openness and honesty.

The practice had effective systems in place to ensure that when things went wrong with care and treatment -

- The practice gave patients support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by the practice management.

- The clinical team met formally on a weekly basis. The administrative / reception team met every fortnight; the non-clinical team each month; and there were whole-staff meetings every three months.
- 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 provider and practice management encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

# Are services well-led?

Good

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

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. There was suggestions box in the reception area and the practice website had a facility to submit comments, suggestions online. The practice carried out detailed analyses of complaints directly received, as well as comments left by patients on the NHS Choices website, and had produced action plans to address patients' concerns. The practice had conducted its own patient survey in June 2016, with very positive results. These included plans to appoint three more salaried GPs over the coming 12 months, to address the increase in patient numbers following the merger of practices, as well as recruiting more receptionists. Provision had been made to extend standard appointments from 10 to 15 minutes.

We spoke with two members of the PPG, who were very positive regarding the engagement of the practice. Meetings were held quarterly, which an average of 10 members attending. The practice provided full administrative support. Suggestions made by the PPG as a result of patient feedback were actioned by the practice. These included the refurbishment of the waiting area, the provision of extra early morning appointments and the introduction of the automated booking system. The practice also encouraged patient participation in the locality and CCG-wide patient groups, allowing feedback and discussion on wider-ranging issues.

The practice had gathered feedback from staff through staff meetings, appraisals and general discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. All the staff we spoke with commented on the close team-working culture and support they got from the provider and their colleagues. The practice arranged frequent social events for staff, which were popular.

**Continuous improvement**

There was a focus on continuous learning and improvement at all levels within the practice. Staff had protected learning time. Weekly training sessions were held each Friday on various topics.

There were plans in place to develop and improve the practice, including appointing patient navigators to co-ordinate patient care with other providers and introducing a physician's associate role. We also saw that the practice had given thought to enhancing integrated working with Acute Trusts and consultants, in clinical areas such as neurology, gastroenterology and cardiology.

The practice was investigating the use of "E-consultations", which would allow patients to correspond securely with GPs and nurses by email on routine healthcare issues, and "Virtual consultations", using webcams.