St Philips Medical Centre

Inspection report

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Date of inspection visit: 25 October 2018
Date of publication: 18/12/2018

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 location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Overall summary

This practice is rated as Good overall. (Previous rating November 2017 – Overall Good; Effective was rated Requires Improvement with no breach of regulations)

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

We carried out an announced comprehensive inspection at St Philips Medical Centre on 25 October 2018. This inspection was undertaken as part of our inspection programme.

At this inspection we found:

- The practice had a clear understanding of the unique nature of the practice list and structured services to meet the needs of the practice population.
- The practice had followed through with action plans discussed at the previous inspection, including improvements to the patient recall system.
- The practice had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- There was a clear management structure in place and staff had lead roles in practice service delivery. The practice team worked well together and practice governance processes were comprehensive.
- Patients found the appointment system easy to use and reported they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The practice had continued to undertake quality improvement activity and could demonstrate how this activity was linked to the needs of the practice population.
- There was a clear vision and leaders were able to describe a set of guiding principles around which it structured its services. The practice had a realistic strategy and supporting business plans to achieve priorities.

The areas where the provider should make improvements are:

- Follow through with plans to ensure that appropriate medicine review dates are in place for patients who are issued with repeat prescriptions.
- Continue to monitor the health of patients diagnosed with diabetes with a view to improving clinical outcomes.
- Continue to encourage eligible patients to participate in public health screening programmes, including cervical screening with a view to improving uptake rates.
- Continue to review the system for the identification of carers to ensure all carers have been identified and provided with support.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

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

Our inspection team

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

Background to St Philips Medical Centre

St Philips Medical Centre provides primary medical services through a General Medical Services (GMS) contract. The practice is located within the London Borough of Westminster in central West London but is contracted to provide GP services by NHS Camden Clinical Commissioning Group.

The services are provided from a single location within premises leased from the London School of Economics (LSE). Although the practice is also contracted to provide NHS services to the local population, ninety percent of the practice list is drawn from the student and staff community at LSE, the majority of whom are students, aged between 19 and 25. There are about 9,500 patients registered with the practice, with a high annual turnover as many are postgraduate students, including a significant cohort of foreign students, who move away from the area after their year of study is complete.

The practice is open between 8:30am to 6:30pm Monday to Friday. Appointments are available from 9:30am to 12:30pm every morning and from 1:30pm to 6:30pm daily.

There are three GP partners, three salaried GPs and two locum GPs. They are supported by two nurses who both work part-time, one of whom is a qualified nurse practitioner. There is a health care assistant, a practice manager who is also the practice manager at a nearby GP practice with which St Philips Medical Centre has a close relationship, an assistant practice manager and seven administrative staff. The practice is also a training practice for trainee GPs and at the time of our inspection, there was one GP registrar. (A GP registrar is a qualified doctor who is training to become a GP).

There are also arrangements to ensure patients receive urgent medical assistance when the practice is closed. Out of hours services are provided by a local provider. Patients are advised to call 111 who will direct their call to the out of hours service to provide telephone advice or make a home visit.

Good

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols. There were failsafe systems in place to ensure referrals were received and acted on and patients attended appointments.

Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- There were effective protocols for verifying the identity of patients during remote or online consultations.
- The practice had identified concerns around repeat prescribing protocols which related to the previous registered provider at this location and had undertaken clinical audits around the prescribing of laxatives, antidepressants, anticholinergics, antipsychotics and anticoagulants, as well as iron supplements prescribed to patients who were homeless. As a result of these audits, changes were made to the practice prescribing policy, including a programme to systematically reduce the quantities of medicines prescribed to patients who were overdue medicine reviews. This was to encourage patients to accept invitations to appointments. We saw evidence that patients were involved in regular reviews of their medicines.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately, however,

we saw that some patients who received repeat prescriptions did not have clearly identified dates for medicine reviews in the record which meant there was a risk that patients might be prescribed with incorrect dosages or medicinces that they no longer required. We noted that the practice was addressing this and had developed a spreadsheet which listed every patient diagnosed with a long-term condition. This was being used to systematically recall every patient who did not already have a medicine review date specified in the patient record. Patients who failed to attend review appointments were contacted again and a further appointment was made. We were told during these reviews, dates were added to the record to indicate when the next one was due.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the evidence tables for further information.

Good

Are services effective?

When we inspected the practice in November 2017, we rated the practice as requires improvement for providing effective services. This was because the practice needed to demonstrate further improvement in QOF performance as well as actions taken to improve uptake rates for childhood immunisation rates and cervical screening.

At this inspection we found that QOF performance had improved for most clinical indicators and there were action plans in place to bring about further improvements. The practice was able to demonstrate the actions taken to encourage patients to participate in immunisation and screening programmes.

We rated the practice and all of the population groups as good for providing effective services.

Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice had well-maintained computer searches and registers to ensure that the recall system was effective.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- The practice had a very small population of older people relative to the total list size. Less than 1% of the practice population was aged 70 years and older and there were only 8 patients above 80 years of age.
- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Data from 2017/2018 showed that outcomes for patients diagnosed with diabetes were lower than local and national averages. The practice told us that it's register of diabetic patients included a significantly larger than average number of young people with Type 1 diabetes whose conditions were more difficult to manage. The practice also told us that young people taking responsibility for their own health for the first time often experienced initial difficulties adjusting to independent living which could impact on the management of their diabetes. The practice told us they had a process in place to invite diabetic patients to regular reviews and provided advice and information about the condition, including the potential consequences of failing to manage the condition properly.
- The practice population was predominantly aged between 19 and 44 years which meant the practice did not have a high prevalence of conditions sometimes

associated with older people, for instance, hypertension and dementia. The practice's performance on quality indicators for other long-term conditions was in line with local and national averages.

Families, children and young people:

- The practice had a small population of children under 18, relative to the total list size. Only 3% of the practice population was aged 19 years and under (343 patients); of this group fewer than 50 children were in the 0-5 years age group.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Because the number of children eligible for most childhood immunisations was below the threshold for statistical accuracy, uptake rates for most immunisations were not published.
- The practice told us they had undertaken a review of childhood immunisations to ensure they had identified all eligible patients. We were told that patients aged between one and five years were more likely to be children of mature students, many of whom were foreign students studying advanced courses of one year in duration. We were told there were difficulties in completing vaccination schedules that had commenced abroad as well as barriers to completing UK vaccination when families were only resident in the UK for one year or less. The practice nurse actively encouraged patients with young children to attend appointments to review existing vaccination schedules and adopt the UK vaccination schedule, whilst the child was in the UK. All children born to mothers registered at the practice who were themselves registered, had received their first course of primary vaccinations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 32%, which was below the 80% coverage target for the national screening programme. The practice was aware of their uptake rate and had reviewed how it supported this programme to ensure that eligible patients were aware of the programme and how to participate if they wished to do so. The practice had trained female sample takers to be available and had arrangements in place for patients who required appointments outside of normal opening hours. The practice contacted eligible patients by letter and by telephone until the patient attended or expressly stated they did not wish to participate in the programme. We were told a significant percentage of patients eligible for cervical screening were registered at the practice for a year or less, whilst others were foreign students who had participated or were intending to participate in screening programmes in other countries.
- The practice had reviewed the needs of it significant student demographic and had ensured it employed clinicians who were trained to offer enhanced sexual health screening as well as a GP who could fit contraceptive implants and intrauterine contraception.
- We saw the practice encouraged its patients to attend national screening programmes for breast and bowel cancer screening. However, uptake rates for breast and bowel cancer screening for the practice were unavailable as the practice had too few eligible patients registered to record statistically reliable data.
- The practice encouraged patients, most of whom were university students, to have the meningitis vaccine, and had highlighted this service to students attending welcome events at the start of the academic year.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, people with a learning disability and those who were vulnerable for other reasons.
- The practice cared for 21 patients in a residential project for people who were homeless, many of whom had underlying mental health conditions. The practice worked with multi-disciplinary teams of psychiatrists, social workers, support workers and the building manager to help deliver care to these patients. The practice had pro-actively recalled many of these patients to attend for mental health and care planning and had arrangements in place to undertake consultations at the accommodation unit.

Good

Are services effective?

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- The practice had arranged to host a psychological therapy clinic one day each week. This involved a psychological wellbeing practitioner holding clinical sessions, providing in-house mental health support for both students and those of working age.
- The practice liaised closely with the university's own student counselling service and worked with them to provide enhanced care for students experiencing mental health difficulties.
- The practice population was significantly younger than average which meant the practice had fewer patients at risk of dementia on the register. However, systems were in place to identify patients who were at risk and to offer an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- The practices performance on quality indicators for mental health was in line with local and national averages.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The practice reviewed its records of significant events to identify areas where clinical audits could be used to support better care and treatment. Where appropriate, clinicians took part in local and national improvement initiatives.

- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

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

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- When the current practice leadership was put in place, it recognised there were gaps in how patient records had been coded in the past. It had employed a person who was a qualified doctor in another country to review how information coding was undertaken. They had updated existing records and ensured that patient related correspondence was accurately coded in a timely manner. The practice had effective protocols in place to ensure that all clinical decisions were made by GPs.

Good

Are services effective?

- We saw records which showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who had relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans which were shared with relevant agencies.
- The practice ensured end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Good

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was generally positive about the way staff treat people.
- All 14 of the comment cards received were positive about the service. The majority of comments cards received, referred specifically to the caring nature of staff who worked at the practice. People also said staff were attentive, friendly and helpful. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.
- Patients we spoke with on the day of the inspection told us they found the practice to be attentive to their needs and delivered services in a personable and caring fashion.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results, published in July 2018, were in line with local and national averages for questions relating to kindness, respect and compassion.

At the time of the inspection, the practice was close to finishing an externally managed patient survey which had been initiated at the beginning of October 2018. The survey was undertaken using a 28-question template and all patients visiting the practice in October 2018 were invited to participate. The survey was completed less than one week after our inspection. We reviewed the findings of the survey, which had received 206 responses and noted that this represented a significantly larger sample than the national GP survey which had received 22 responses.

Results from the commissioned survey showed that patients rated the practice similar to others for all questions about care and involvement in decisions. For instance, 86% of respondents rated staff as good, very good or excellent for showing consideration to patients, whilst 91% of respondents rated staff at the practice as good, very good or excellent for listening to patients.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard and had a register of patients who benefitted from receiving information in a more accessible form. (The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given.)

- The practice had a significant cohort of patients who were new to living in the United Kingdom and unfamiliar with the local health care system. The practice had systems in place to advise newly registering patients about the services available in NHS GP practices, for instance public health screening.
- The practice also liaised closely with the university student health team who told us the practice proactively engaged with students by providing a visible presence at induction events; and had taken time to orient these students about the NHS and had provided literature and guidance about local prescribing guidelines and how to access emergency care.
- Staff communicated with people in a way they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practices GP patient survey results were in line with or above local and national averages for some questions relating to involvement in decisions about care and treatment. For instance, 100% of patients who responded to the survey said they were involved as much as they wanted to be in decisions about their care and treatment during their last GP appointment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Good

Are services caring?

Please refer to the evidence tables for further information.

Good

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as good for providing responsive services .

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- The terms of the practice's premises lease meant they were not permitted to offer extended opening hours. However, the practice had ensured that telephone and web GP consultations were available to support patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

People with long-term conditions:

- At the time of the November 2017 inspection, the practice was in the process of reviewing how it planned and provided care for patients with long-term conditions. At this inspection, we saw that the practice had followed through with an action plan to invite patients with long-term conditions to attend 45-minute appointments with a nurse during which their conditions were reviewed and a care planning document completed. Patients who had required follow-up appointments with a GP had been able to make these appointments at the same time.
- Patients with a long-term condition now received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with local multidisciplinary teams to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- The practice had reviewed it's safeguarding protocols and had repeated an extensive clinical notes review of all children under the age of 18 to ensure there were no safeguarding issues or codes that had been overlooked. The practice was located in Westminster but was part of Camden CCG and its patient list included patients from both areas. The practice liaised with health visitors and child protection teams in Camden and Westminster and maintained an up to date contact list of key safeguarding contacts in both.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For instance, the practice ensured telephone appointments were available every day which meant people who were unable to attend the practice in person were able to consult with GPs.
- Patient had online access to a range of services available at the practice, for instance, repeat prescribing, booking or cancelling appointments and sending messages to the practice.

People whose circumstances make them vulnerable:

- The practice cared for patients in a residential project for vulnerable or former street homeless people. The practice worked with social workers, support workers

Good

Are services responsive to people's needs?

and other services in deliver care to these patients. The practice undertook GP consultations at the accommodation unit which meant that people who found it difficult to adhere to appointments were able to access care and treatment. The practice had also arranged to provide seasonal flu vaccinations at the location. Much of the work carried out at the location was unfunded and undertaken at a cost to the practice.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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

- The practice had arranged for a local psychological therapy service to hold weekly clinics at the surgery and this meant people who benefitted from referrals to this treatment were able to speak with psychologists and counsellors without needing to travel to other locations.
- Staff we spoke with had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Patients with mental health conditions who failed to attend appointments were proactively followed up by a phone call from a GP.

Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported the appointment system was easy to use.
- The practices GP patient survey results were above local and national averages for questions relating to access to care and treatment. For instance, 90% responded positively when asked about the overall experience of making an appointment compared to the CCG average of 68% and the national average which was 69%, whilst 82% said they were satisfied with the type of appointment (or appointments) they were offered compared to the CCG and national averages which were both 74%.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Three complaints were received in the last year. We reviewed all three complaints and found they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For instance, we noted the practice reviewed complaints to identify areas where clinical audits could be used to bring about improvements.

Please refer to the evidence tables for further information.

Good

Are services well-led?

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

Leadership capacity and capability

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

- We found the practice leadership had followed through with plans to strengthen the leadership capacity, capability and governance. The practice had successfully recruited permanent staff to reduce reliance on locum staff and this had included recruiting a female GP with additional training in family planning. The practice management had also maintained a close working relationship with the Holborn Medical Centre. There was an arrangement in place by which staff occasionally spent time working at Holborn Medical Centre where they were able to maintain their knowledge of population groups which were not prominently represented amongst the practice list at St Philips Medical Centre.
- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For instance, the practice was aware of the difficulties associated with increasing the uptake rate of cervical screening amongst a practice population consisting largely of students, many of whom were studying shorter, advanced degree courses.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

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

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. We saw several examples of where the practice had recognised and acted on their responsibilities under the duty of candour, for instance having identified mistakes with how blood test results had been handled before the current leadership team was in place.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff who were due appraisals had received one in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered important members of the practice team and told us they felt their expertise was recognised and valued. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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

Good

Are services well-led?

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Regular minuted practice team and clinical governance meetings were in place and lessons learned from significant events and complaints were communicated. For instance, when the practice had undertaken an audit of anticoagulant prescribing, it had identified clinicians had not always reviewed blood test results to ensure the medicine was prescribed safely. As a result of the audit, a system was put in place to ensure clinicians were informed of and reviewed blood and other pathology tests as well as the outcome of hospital referrals and investigations they requested.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves they were operating as intended.

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

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

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.
- The practice actively engaged with the university welfare team to review and coordinate services with a view to ensuring these services continued to respond to the needs of the practice list, the majority of whom were young adult students. For instance, the practice had attended and participated in welcome events for new students and had used the opportunity to encourage registration with a GP, provide information about the health care landscape and promote public screening programmes.
- The practice produced a regular newsletter to update patients about changes at the practice, including details of new services, seasonal health issues or changes to practice personnel.

Good

Are services well-led?

- The practice undertook occasional visits to student halls of residence to provide information about healthy living and prevention of illness, which was of benefit to people who did not visit the surgery regularly but who still benefited from the information.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.