Fortune Green Practice

Inspection report

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London
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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 location	Requires improvement
Are services safe?	**Requires improvement**
Are services effective?	**Good**
Are services caring?	**Good**
Are services responsive?	**Good**
Are services well-led?	**Requires improvement**

Overall summary

This practice is rated as Requires Improvement overall. The service was previously inspected on 20 January 2017, when it was rated Good overall and for the five keys questions and population groups. Since then it made changes to its registration, with one of the two former partners becoming the sole practitioner.

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Requires Improvement

We carried out an announced comprehensive inspection on 15 August 2018, as the first scheduled inspection of the newly-registered practice.

At the inspection we found:

- We identified a number of issues relating to health and safety at the practice that required action. These included the need to carry out effective fire and general health and safety risk assessments, matters relating to infection prevention and control, medicines management and some staff not having appropriate level training and refreshers.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided to ensure that care and treatment was delivered according to evidence-based guidelines.
- Published data showed that cervical screening rates and the take up of childhood immunisations was below average. Exception reporting in relation to patients with diabetes was above average.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- The practice reviewed feedback from the GP patient survey and Friends and Family test, but had not conducted its own patient surveys since 2016.
- There was a focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- Continue with efforts to increase patients' uptake of the cervical screening and childhood immunisation programmes and to engage with patients with diabetes to improve outcomes.
- Review the process for seeking and acting on feedback from patients.

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

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)	Requires improvement
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 CQC lead inspector. The team included a GP specialist adviser and a practice nurse specialist adviser.

Background to Fortune Green Practice

The Fortune Green Practice (the practice) operates at 80 Fortune Green Road, London NW6 1DS. It is part of the Camden Clinical Commissioning Group (CCG) providing services to approximately 2,800 patients under a General Medical Services contract. The deprivation level for the area is mid-to-low.

The practice is registered with the Care Quality Commission in respect of the following regulated activities: Diagnostic and screening procedures; Maternity and midwifery services; and Treatment of disease, disorder or injury. The services provided are set out on the provider's website – - and include: the monitoring and management of patients' long term health conditions; new patient health checks; access to NHS health checks; family planning advice; maternity, antenatal and post-natal care; childhood immunizations and others such as influenza for adults and eligible groups; cervical smears and Well Woman screening; lifestyle and travel advice.

The clinical team is made up of the female lead GP, who is the registered sole practitioner, working seven clinical sessions per week and an employed male sessional GP, who works four clinical sessions. A regular locum GP provides occasional cover for leave and other absences.

There is a practice nurse, who works one clinical session on Monday morning, and a healthcare assistant. The administrative team is comprised of the practice manager and three administrator / receptionists.

The practice opening hours are as follows:

Monday9.00 am - 1.00 pm 3.00 pm - 6.30 pm

Tuesday9.00 am - 1.00 pm 3.00 pm - 6.30 pm

Wednesday9.00 am - 4.30 pm

Thursday9.00 am - 1.00 pm

Friday9.00 am - 1.00 pm 3.00 pm - 6.30 pm

The surgery hours are:

Monday9.00 am – 12.00 4.30 pm – 6.00 pm

Tuesday9.00 am – 12.00 4.30 pm – 6.00 pm

Wednesday9.00 am – 12.00 1.00 pm – 2.00 pm

Thursday9.00 am – 11.30 am

Friday10.00 am – 12.00 4.30 pm – 6.00 pm

In addition, the CCG has commissioned an extended hours service which operates at four locations in the borough. The service is available to all patients registered with a Camden general practice and is provided between

6.30 pm and 8.00 pm on weeknights and from 8.00 am to 8.00 pm at weekends. Patients may book appointments with the extended hours service by contacting the practice.

The practice has opted out of providing an out-of-hours service. Patients calling when the practice is closed are put through to the local out-of-hours service provider. There is information about the out-of-hours provider, a local walk-in service and the NHS 111 advice service on the practice website.

Our inspection was led by a CQC lead inspector and included a GP specialist adviser and a nurse specialist advisor. During the inspection, we interviewed staff, including the lead GP, practice nurse, practice manager and other administrative staff. We spoke with four patients and reviewed 20 CQC comments cards which patients had completed in the two weeks prior to the inspection.

Requires improvement

Are services safe?

We rated the practice as requires improvement for providing safe services.

The practice was rated as requires improvement for providing safe services because:

- We identified issues relating to infection prevention and control, fire safety and medicines management that needed to be addressed. Not all staff had received up to date mandatory training.

Safety systems and processes

The practice had systems to keep people safe, but these were not always effective.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse, for example it had up to date policies and guidelines. Most staff had received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. However, we noted that the employed GP had received training in adult safeguarding and child protection only to level 2. The practice later sent us evidence that employed GP had completed the training after the inspection. Reports and learning from safeguarding incidents were available to staff. We saw minutes confirming clinicians' attendance at a recent CCG child safeguarding forum.
- Posters in the waiting room and consultation rooms informed patients of the availability of chaperones. Staff who acted as chaperones were trained for their role and had received a 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, harassment, 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.
- Arrangements to manage infection prevention (IPC) and control were not consistently effective. Not all staff had received recent IPC training. However, the practice sent us evidence that this had been provided to staff, with the exception of the employed GP, who would receive training when they returned from leave. The practice nurse was the infection control lead, but was present on only one morning a week. The lead GP and practice nurse had carried out an IPC audit in January 2018, we noted this had not highlighted all issues or prompted action to address them. For example, we saw areas of damp, peeling paint and mould on the wall in one of the consultation rooms and near the blood pressure monitor. The practice sent us photographs after the inspection, confirming that the two areas had been cleaned and redecorated. It also sent us evidence that a further full IPC audit had been conducted. We were told that cleaning was done by staff members in accordance with written schedules, but no monitoring logs were maintained. We found large amounts of dust on lighting equipment above the examination couches in two consulting rooms. A risk assessment in respect of legionella, a bacterium which can infect water systems in buildings, had last been carried out in 2014. Legislation requires it be done every two years and so it was overdue. We had concerns regarding how the legionella risk was managed. After the inspection, the practice sent us evidence that the risk assessment had been carried out by an independent contractor on 23 August 2018, with recommendations and a management plan.
- The practice had arrangements to keep facilities and equipment safe and in good working order, but these were not consistently effective. The premises were leased by the practice and some health and safety aspects were the responsibility of the building owner. Firefighting equipment had been inspected and a fire risk assessment had been carried out by a contractor in May 2018. However, we noted issues and concerns that the risk assessment had not addressed or actioned, including fixed wiring and gas installation inspection and staff not being provided with up-to-date training. The practice sent us evidence after the inspection that a new fire risk assessment had been carried out by another contractor on 23 August 2018. This assessment confirmed the concerns we had and proposed remedial action by the practice. We were sent evidence that staff had undertaken fire safety training and that the wiring and gas supply inspection was to be arranged by the premises owner. Medical equipment had been inspected and calibrated in December 2017, but electrical appliances had not been PAT tested since 2014. The practice sent us evidence that the PAT testing was done after our inspection, on 20 August 2018.

Requires improvement

Are services safe?

- There were arrangements for managing waste and clinical specimens to keep people safe. However, we noted that one of the consulting rooms did not have a suitable clinical waste bin. Staff using the room had to dispose of any waste in a bin in one of the two adjacent consultation rooms. The practice confirmed after our inspection that an extra bin had been obtained.

Risks to patients

There were not effective systems to assess, monitor and manage risks to patient safety.

- There had not been a recent general health and safety risk assessment, but the practice showed us evidence that one was carried out on 24 August 2018.
- Staff understood their responsibilities to manage emergencies on the premises. The practice had some equipment to deal with medical emergencies, including appropriate emergency medicines and a portable oxygen supply. Staff told us that these were monitored regularly, but there were no logs to confirm this. The practice sent us evidence after the inspection that a logging system had been introduced. The medicines we checked were within date and suitable for use. All clinical staff, and two of the administrative staff had received up-to-date training in basic life support, but two administrative staff were overdue their refresher training. The practice did not have a defibrillator – a device for restarting a person's heart in an emergency – but it sent us evidence after the inspection that one had been ordered.
- Clinicians knew how to identify and manage patients with severe infections including sepsis. However, the matter had not been discussed at practice meetings. The practice confirmed after the inspection that sepsis awareness training had been given to reception staff. We saw evidence of guidance for them to follow being posted and that leaflets and other posters had been ordered from the Sepsis Trust.
- 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.
- 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.

Appropriate and safe use of medicines

The practice did not consistently have reliable systems for appropriate and safe handling of medicines.

- We reviewed medical records of patients currently on repeat prescriptions for a particular high-risk medicine. We found in four cases there was no record of the patients having appropriate blood tests, in accordance with current prescribing guidance, to establish the effectiveness of the medicine before repeat prescriptions were given. We discussed this with the lead GP who immediately raised the matter as a significant event. The investigation identified various learning and action points which were shared with staff to prevent a recurrence.
- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, did not minimise risks. The vaccines fridge was small, missing a shelf, and did not allow sufficient space around the stored supplies for air to circulate appropriately. The practice sent us evidence after the inspection that a new vaccines fridge had been ordered.
- The practice had reviewed its antibiotic prescribing and acted to support good antimicrobial stewardship in line with local and national guidance.

Track record on safety

- Staff had carried out risk assessments in relation to safety issues, but we found some of these were ineffective, due to staff not having received appropriate training. However, the practice sent us evidence after the inspection that the training had been completed and health and safety risk assessments had been repeated.

Lessons learned and improvements made

Requires improvement

Are services safe?

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses and they were supported to do 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?

We rated the practice as good for providing effective services overall and across all population groups except for Families, children and young people, which we rated as requires improvement.

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.
- 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:

- 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.
- Same day appointments, or telephone consultations were offered to older patients.
- Patients from this population group were routinely offered vaccinations for flu, shingles and pneumococcal infections.

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.
- The practice was part of the local federation, contributing to improving care and prevalence within the borough. Staff participated in relevant federation and locality meetings.
- The practice's performance on quality indicators for long term conditions was in line with local and national averages. We noted that exception reporting relating to some diabetes indicators was above average in 2016 /17. However, we were shown un-validated figures for the QOF year 2017/18, which forecast an improvement in diabetes-related performance.

Families, children and young people:

- The practice achieved below the 90% minimum for the four childhood immunisation indicators. We discussed the figures with staff. The issue had been reviewed by the practice. We saw that the number of eligible children was comparatively low, with the consequence that a few non-attenders would adversely slant the achieved rates. There was a system in place to flag up all children that were due immunisations. The process included administrative staff sending letters to parents inviting their child for immunisation and if there was no response this would be followed up by via letter and a telephone call. Staff told us that families originating from outside the UK had lower immunisation rates, despite efforts being made by the practice.
- Same day appointments or telephone consultations were offered in respect of children under-5 years old.

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

This population group was rated requires improvement for effective because:

- The practice's uptake for cervical screening was 53.4%, which was below the 80% coverage target for the national screening programme. We discussed the cervical screening programme figures with staff. The practice was aware that the figures were low and had considered the reasons, patients were invited and sent two reminders.

Good

Are services effective?

- The practice's uptake for breast and bowel cancer screening was in line with the local average.
- 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:

- End of life care was delivered in a coordinated way that took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered annual health checks to patients with a learning disability.
- 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.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practices performance on quality indicators for mental health was comparable 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. Where appropriate, clinicians took part in local and national improvement initiatives.

- The practice participated in the Quality Outcome Framework (QOF), a system intended to improve the quality of general practice and reward good practice. The most recently published QOF results were those for 2016 / 17, which showed the practice achieved 97.4% of the total number of points available compared with CCG average of 95.9% and national average of 95.5%. The overall exception reporting rate was 11% compared with the CCG average of 7% and the national average of 9.6%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.
- 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.

- All new staff were subject to a three-month probation period. There was an induction programme for new staff and the practice provided staff with ongoing support. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- 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.
- We found that not all staff were up-to-date with mandatory training. But the practice sent us evidence that this had been provided by e-learning after our inspection. The e-learning system would be in future be used to assist in monitoring the staff's training needs.
- 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.

Good

Are services effective?

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when co-ordinating healthcare for care home residents. The practice shared information and liaised with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received co-ordinated 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 that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a co-ordinated way, that 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 might 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, 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 regarding their care.
- 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 positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practices GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion.

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand. The was a supply of communication aids and easy read material available. The practice did not have an induction loop to assist patient with a hearing impairment, but confirmed one would be obtained.
- 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 local and national averages for questions relating to involvement in decisions about care and treatment.

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.

Please refer to the evidence tables for further information.

Good

Are services responsive to people's needs?

We rated the practice as good for providing responsive services overall and across all population groups.

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.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- Text message reminders were sent to patients regarding appointments.
- 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 co-ordination 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 the end of life was coordinated with other services.

Older people:

- All patients had a named GP.
- Double-length appointments were offered to older patients.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The practice accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

People with long-term conditions:

- Patients with a long-term condition 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 the local district nursing team 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 met regularly with health visitors to discuss vulnerable children.
- All parents or guardians calling with concerns about a child under the age of 5 were offered a same day appointment when necessary. Parent or guardians of older children were offered same day appointments where possible.

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.
- The practice remained open at Wednesday lunchtime for patient to collect prescriptions.
- Various health checks, relevant to this patients group and travel advice was offered.

People whose circumstances make them vulnerable:

- 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):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Patients experiencing poor health were contacted and invited for appropriate reviews and health checks.
- The practice provided access to local counselling and psychology services.

Timely access to care and treatment

Patients could 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.

Good

Are services responsive to people's needs?

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practices GP patient survey results were comparable with local and national averages for questions relating to access to care and treatment.

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. 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.

Please refer to the evidence tables for further information.

Requires improvement

Are services well-led?

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

The practice was rated as requires improvement because:

- We identified safety issues at the practice, including infection prevention and control, medicines management and staff training. Although they were addressed by the practice straight away, there is scope for improving risk management processes.

Leadership capacity and capability

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

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders 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.

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 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.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- The practice actively promoted equality and diversity.
- There were positive relationships between staff members.

Governance arrangements

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

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. However, there was not a system to ensure that all staff remained up to date with training. The e-learning system would be in future be used to assist in monitoring the staff's training needs.
- The practice had a range of policies and procedures which were regularly reviewed. Staff were notified of changes and were required to read the policies and sign them.

Managing performance and risks

- We identified a number of issues relating to health and safety at the practice that required action. These included the need to carry out effective fire and general health and safety risk assessments, matters relating to

Requires improvement

Are services well-led?

infection prevention and control, medicines management and some staff not having appropriate level training and refreshers. However, these were addressed by the practice soon after our inspection.
- 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. However, the practice had identified an issue with patients' records coding in relation to test results, which it was addressing.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The 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 and patients from the practice also attended a wider pan-Camden patients' group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- 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.

Please refer to the evidence tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment must be provided in a safe way for service users. How the regulation was not being met. The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: Not all staff had been provided with appropriate mandatory training, such as safeguarding, infection prevention and control, fire safety and general health and safety. Some prescribing was not carried out in accordance with current guidelines, requiring tests to be done and results to be recorded on patients' notes. Not all risks relating to infection prevention and control and fire safety at the premises had been adequately addressed. Monitoring of emergency equipment and medicines was not logged.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. How the regulation was not being met.

This section is primarily information for the provider

Requirement notices

The registered person had systems or processes in place but these operated ineffectively, in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided.

In particular:

Some risk assessments were overdue and those which had been carried out, together with an infection prevention and control audit, had not adequately addressed all risks.

The registered person had systems or processes in place but these operated ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process.

In particular:

There was no formal system to monitor when staff members were due refresher training in mandatory subject areas.