

Prince of Wales Medical Centre

Quality Report

52 Prince of Wales Road
London NW5 3LN

Tel: 0207 267 0067

Website: www.princeofwalesgrouppractice.nhs.uk

Date of inspection visit: 2 June 2016

Date of publication: 05/08/2016

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	6
What people who use the service say	9
Areas for improvement	9

Detailed findings from this inspection

Our inspection team	10
Background to Prince of Wales Medical Centre	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection on 2 June 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 services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- Patients said they were generally able to make an appointment, with urgent appointments available the same day.

However there were areas of practice where the practice should make improvements -

- The practice should continue to monitor the appointments and telephone system to improve patients' access to the service.
- Continue with efforts to extend the patient participation group to be more representative of the patient population.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- 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.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were 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 demonstrated quality improvement.
- 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.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

- 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.
- The practice had taken action to address patients' concerns regarding the approach of some reception staff.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients said they were generally able to make an appointment, with urgent appointments available the same day.
- The practice had taken action to address patients' concerns over telephone access and was monitoring the issue.
- Evening appointments were available four days a week for patients unable to attend during normal working hours.
- 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.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active, but it had been recognised that it was not fully representative of the patient population. The practice was working to extend the group.
- 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

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 offered home visits and urgent appointments for those with enhanced needs.
- The practice maintained an Avoiding Unplanned Admissions register and all patients had up-to-date care plans.
- The practice had conducted a follow up consultation with 94% of the 102 patients discharged from hospital.
- The flu immunisation rate for older people was 83%.
- The practice had a register of 535 patients prescribed more than four medicines and records showed that reviews had been carried out in respect of 523 (98%).

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice maintained a register of 410 patients with diabetes and had carried out annual foot checks on 347 (85%) of the patients and retinal checks on 357 (87%).
- The practice monitored its performance and had taken steps to improve outcomes for patients with diabetes.
- The practice maintained of register of 92 patients with heart failure, of whom 90 had had an annual medicines review.
- The percentage of patients on the practice's asthma register, who have had a review in the preceding 12 months, was comparable with local and national average.

Good



Summary of findings

- The practice was shortly to introduce a dedicated clinic, run by a respiratory consultant from the local NHS Trust, for patients with Chronic Obstructive Pulmonary Disease.

Families, children and young people

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

- 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.
- Take up rates for all standard childhood immunisations were comparable with the local average.
- 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.
- We saw positive examples of joint working with midwives and health visitors.
- The practice had identified 67 mothers with long term health conditions, 65 of whom had had a medication review.

Good



Working age people (including those recently retired and students)

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

- 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.
- The practice's uptake for the cervical screening programme was 81%, comparable with local and national averages.
- Data showed that 5,251 patients (82% of those eligible) had undergone blood pressure checks in the last five years.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability. It maintained a register of 42 patients and had carried out annual follow ups and care plan reviews in relation to 39 of them.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Alcohol and drug counselling services were available at the practice.

People experiencing poor mental health (including people with dementia)

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

- Data showed that 79% of patients on the dementia register had had their care reviewed in a face-to-face review in the preceding 12 months, comparable with both local and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- Continuity of care for patients experiencing poor mental health was prioritised.
- Data showed that 84% of patients with severe mental health problems, had an agreed care plan documented in their records, comparable with both local and national averages.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Following an audit of care provided to patients experiencing poor mental health, various procedural changes had been introduced to improve outcomes.

Good



Summary of findings

What people who use the service say

What people who use the practice say

The latest national GP patient survey results available at the date of the inspection had been published in January 2016 and covered the periods January - March 2015 and July - September 2015. The results showed the practice was performing in line with local and national averages. Four hundred and four survey forms were distributed and 113 were returned. This represented roughly 1.25% of the practice's list of approximately 8,800 patients.

- 53% 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%.
- 74% 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 81% and the national average of 85%.
- 63% 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 77% 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 18 comment cards, most of which were positive about the standard of care received, saying that staff were friendly, supportive and helpful, and that the premises were always clean. They said that GPs and clinical team took time to explain healthcare issues and involved them in decision making. Two of the cards mentioned difficulties in making appointments and one referred to problems with the electronic prescribing service. Another patient referred to a delay whilst waiting to be seen.

We spoke with 10 patients during the inspection, together with two members of the patient participation group. The patients said they were generally very satisfied with the care they received and thought staff were approachable, committed and caring.

The latest available Friends and Family Test results showed that of six out of seven patients who had responded (86%) were likely to recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

- Continue to monitor the appointments and telephone system to improve patients' access to the service.
- Continue with efforts to extend the patient participation group to be more representative of the patient population.

Prince of Wales Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, with a second inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and an Expert by Experience.

Background to Prince of Wales Medical Centre

The Prince of Wales Medical Centre operates from 52 Prince of Wales Road, London NW5 3LN, purpose-built premises, constructed approximately 18 months ago. The practice occupies the ground and first floors; the upper floors are residential flats. It is next to Kentish Town West station, and has good transport links nearby.

The practice provides NHS services through a Personal Medical Services (PMS) contract to approximately 8,800 patients. It is part of the NHS Camden Clinical Commissioning Group (CCG) which is made up of 36 general practices. The practice is registered with the CQC to carry out the following regulated activities - diagnostic and screening procedures, treatment of disease, disorder or injury, family planning, maternity and midwifery services. The patient profile for the practice has a higher than average working age and younger adult population, and lower than average younger children and older patients.

The practice covers areas of high deprivation and has a high prevalence of patients with long term conditions. The patient group includes relatively large Bengali and Somali communities.

The practice has a clinical team of four partner GPs (one female and three male) and five salaried GPs (four female and one male). Three of the partner GPs and two of the salaried GPs work full time. Between them, the partners and salaried GPs work 48 clinical sessions per week. The four practice nurses and two healthcare assistants are female. It is a training practice, with one registrar (a qualified doctor gaining general practice experience) currently placed there. Nursing students are also trained at the practice. There is a practice manager and an administrative and reception team of ten staff.

The practice's opening hours are 8.00 am to 6.30 pm, Monday to Thursday and 8.00 am to 6.00 pm on Friday. It closes for lunch on Monday (between 1.00 pm and 2.00 pm) and Thursday (between 1.00 pm and 2.30 pm) only. Consultation times are as follows -

Monday 9:00 am to 12:10 pm 3:50 pm to 6:20 pm
6:30 pm to 7:00 pm

Tuesday 9:00 am to 12:10 pm 2:00 pm to 6:20 pm
6:30 pm to 7:00 pm

Wednesday 9:00 am to 12:10 pm 2:50 pm to 6:20 pm
6:30 pm to 7:00 pm

Thursday 9:00 am to 12:10 pm 2:50 pm to 6:20 pm
6:30 pm to 7:00 pm

Friday 9:00 am to 12:10 pm 2:00 pm to 5.20 pm

Routine appointments can be booked up to four weeks in advance. Booked appointments are 15 minutes long.

Detailed findings

Patients may book double appointments if there are a number of healthcare issues to discuss. Patients can book appointments using the practice's 24-hour automated telephone service and online if they have previously registered to use the system. Patients who have provided the practice with their mobile telephone numbers are sent text reminders of their appointments. The GPs conduct telephone consultations with patients and make home visits. Emergency, same day appointments are available. These are triaged by the day's duty GP.

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.

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.

The practice had not been inspected previously.

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 2 June 2016. During our visit we:

- Spoke with a range of staff including partner GPs and a salaried GP, the practice nurses, the practice manager and members of the administrative team. We also spoke with 10 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.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- One of the partner GPs had responsibility for leading on significant events and incidents. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- 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.
- The practice had a detailed procedure for recording and investigating significant events, to ensure a thorough analysis of the significant events was carried out. We saw that events were discussed at monthly meetings and all staff were encouraged to contribute to discussions. In addition, we saw that significant events were reviewed annually to identify trends and review performance.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw that the clinical team received safety alerts individually and the alerts were collated and filed by the administrative team. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, there had been six incidents treated as significant events in the previous 12 months. In 2015, an incident involving a diabetic patient had been reviewed at a clinical meeting which led to the practice arranging for staff to be trained by a specialist nurse in the use of insulin pens and blood monitoring equipment.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices 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. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Two of the partner GPs led on adult and child safeguarding respectively and both had named deputies. Safeguarding was a standing item on the monthly full team meeting agenda. The practice ran monthly records searches to monitor cases. There were monthly meetings with health visitors to discuss new and on-going concerns. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurses were trained to child safeguarding level 3, with the other staff being trained to level 1.
- A notice in the waiting room advised patients that chaperones were available if required. The practice policy, last reviewed in March 2016, was that members of the clinical team, principally nurses, performed chaperoning duties. We saw evidence that they had received formal training and that 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.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Cleaning was undertaken by a contractor following agreed written cleaning schedules. Monthly review meetings with the contractor were held and there was a communications book allowing comments and messages to be passed to the cleaners. Clinical waste was collected weekly and disposed of by a licensed contractor. The nurse practitioner was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were carried out, the most recent being in August 2015, together with weekly monitoring and spot checks and we saw evidence that action was taken to address any improvements

Are services safe?

identified as a result. Equipment we inspected was in date and fit for use. Curtains in the treatment and consultation rooms had a note affixed of when they were put up and were changed at least every six months. The practice had spillage kits and a sufficient supply of personal protective equipment, such as surgical gloves, aprons and masks. All medical instruments were single-use. Notices advising on procedures relating to sharps injuries were posted in the treatment and consultation rooms. Staff we spoke with were aware of the appropriate procedures to follow.

- 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 which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow the nurses to administer medicines in line with legislation. The health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. The practice appropriately monitored and recorded stocks of medicines and vaccines. We saw that the vaccines fridge temperature was also monitored and recorded. All the medicines and vaccines we saw were within date and fit for use.
- We reviewed seven personnel files 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 Criminal Records Bureau or Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed. There were procedures in place for monitoring and managing

risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. A fire risk assessment had been carried out in October 2015. Firefighting equipment, the fire alarm and emergency lighting had been checked and serviced in November 2015. All staff had undertaken annual fire awareness e-learning and eight had been trained as fire wardens. The annual testing of electrical equipment (PAT testing) had been carried out in January 2016. The annual inspection and calibration of medical equipment had been done at the same time. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella, a particular bacterium which can contaminate water systems in buildings. This included carrying out monthly premises health and safety checks.

Arrangements to deal with emergencies and major incidents

The practice had adequate 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 received annual basic life support training.
- The practice had a defibrillator available on the premises, which was checked on a regular basis. We saw that the pads were in date and the battery was charged ready for use. The practice had an emergency oxygen supply, a first aid kit and an accident recording book was used.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a disaster management in place, which had been reviewed and updated recently following a power failure. It included arrangements for the service to be provided from alternative nearby premises. The plan contained emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. One of the partner GPs co-ordinated the process for dealing with NICE guidelines received. Guidelines and alerts were collated in an alerts folder and passed on to clinicians by email. They were also discussed at practice meetings. We saw recent examples relating to COPD care and a heart failure record template.
- 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 2014/15 and were 94.7% of the total number of points available being 1.5% above the CCG average and equal to the national average. The practice's clinical exception rate was 6.9%, which was 0.7% below the CCG average and 2.3% 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 cannot be prescribed because of side effects.

This practice was not an outlier for any QOF or other national clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 82.6%, being 6.7% below the CCG average and 6.6% below the national average.
- Performance for hypertension related indicators was 100%, being 2.5% above the CCG average and 2.2% above the national average.

- Performance for mental health related indicators was 80.5%, being 9.4% below CCG Average, and 12.3% below the national average.

The practice provided us with data for 2015/16, which showed similar figures were attained –

Overall score 94.27% (527 points maximum available 559 points).

We discussed the data with the practice. We saw that it routinely monitored the figures, with one of the partner GPs having lead responsibility, and had introduced measures to secure improvement where the need had been identified. For example, we saw a discussion paper prepared recently by one of the partner GPs relating to the results for diabetes care. The practice had appointed a full-time nurse and two part-time nurses, with specialist training and had trained a receptionist as a healthcare assistant. In addition, specialist nurses had attended the practice to assist staff with “injectable” treatments and a clinic had been set up specifically for patients with significant mental illness or learning difficulties who had poor diabetes control. The recall system had been reviewed and improved. A staff member had been appointed jointly with a nearby practice to manage and develop the system. In addition, following an audit of care provided to other patients experiencing poor mental health, various procedural changes had been introduced to improve outcomes. These included staff telephoning patients to arrange review appointments.

There was evidence of quality improvement including clinical audit. There had been 11 clinical audits carried out in the last two years. Of these, three were completed audits where the improvements made were implemented and monitored. The practice carried out an audit review of care for patients experiencing poor mental health between December 2015 and January 2016, and the audit was repeated in April 2016. The initial audit had highlighted that most patients with outstanding medical issues had attended for blood tests and reviews. The remainder had failed to attend. The practice resolved to no longer send out review invitation letters, but to have staff contact patients by phone to arrange the appointments. The practice had met with other local GP practices, to discuss working collaboratively. This led to a plan to employ a nurse who will work for all the practices, focusing on mental health checks, and who would be able to do home visits, adopting a more proactive outreach approach.

Are services effective?

(for example, treatment is effective)

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- We saw examples of planned work rotas for both clinical and administrative staff.
- The practice had a suitable information pack for use by locum GPs employed from time to time. Staff told us that very few locums were used and these had been trainees at the practice, who therefore knew it well.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- 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 could demonstrate how they 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.
- Staff received training that included: safeguarding, fire safety awareness, basic life support the Mental Capacity Act and information governance. Staff had access to and made use of a range of e-learning training modules and in-house training.

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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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. Care plans for patients with complex needs were routinely reviewed and updated. Meetings took place with other health care professionals on a monthly basis for older patients and weekly to discuss children and families where concerns had been identified. The practice held quarterly meetings to discuss all families on the child protection register.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- 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. 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 96% of patients aged over-16 and had offered advice to 2,467 of them.

The practice's uptake for the cervical screening programme 81% which was above the CCG average. There was a policy

Are services effective? (for example, treatment is effective)

to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

Childhood immunisation rates for the vaccinations given were comparable to the local averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 84% to 92% and five year olds from 71% to 81%. The practice had provided human papilloma virus vaccinations to 229 teenage girls who had not been given the vaccine at school.

Flu vaccination rates for older patients were 83% and for patients at risk due to existing health conditions was 67%. These figures were above the national averages. In October 2015, the practice had run a dedicated Saturday clinic to provide flu immunisations, with over a hundred patients attending.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Data showed that 5,251 patients (being 82% of those eligible for the tests) had undergone them 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.

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 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.
- Telephone calls were handled in a room away from the reception area, where they might be overheard.

Almost all the 18 patient comments cards we received and the 10 patients we spoke with were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards and patients we spoke with highlighted that staff responded compassionately when they needed help and provided support when required. One patient told us they thought the receptionists were sometimes unfriendly and one of the comment cards mentioned this too. However, we noted that the GP patient survey results relating to receptionists were comparable with local and national averages, with 87% of patients said they found the receptionists at the practice helpful (CCG 86% and national 87%).

The practice's satisfaction scores on consultations with GPs and nurses were generally above local averages. For example -

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.

- 87% of patients said the last GP they spoke to was good at treating them with care and concern, compared to the CCG average of 81% and the national average of 85%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern, compared to the CCG average of 83% and the national average of 91%.

Care planning and involvement in decisions about care and treatment

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 comparable to local and national averages. For example -

- 82% 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%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 76% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 85%.

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. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Patient information leaflets and notices were available in the patient 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 210 patients as carers, being approximately 2.3% of the practice list. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. We saw information about bereavement services was available in the waiting area.

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.

- Routine pre-booked appointments were available until 7.00 pm on Monday to Friday for patients not able to attend during normal working hours.
- Routine appointments could be booked up to four weeks in advance.
- 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 were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- All patients could request a telephone consultation, avoiding the need to attend the practice.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, translation services and a hearing loop available.
- Appointments could be booked, and repeat prescription requested, online. There was a 24-hour automated phone booking system.
- Text reminders, regarding appointments and regular routine monitoring, were sent to patients who had provided their mobile phone numbers.

Access to the service

The practice's opening hours were 8.00 am to 6.30 pm, Monday to Thursday and 8.00 am to 6.00 pm on Friday. It closed for lunch on Monday (between 1.00 pm and 2.00 pm) and Thursday (between 1.00 pm and 2.30 pm) only. Consultation times were as follows -

Monday 9:00 am to 12:10 pm 3:50 pm to 6:20 pm
6:30 pm to 7:00 pm

Tuesday 9:00 am to 12:10 pm 2:00 pm to 6:20 pm
6:30 pm to 7:00 pm

Wednesday 9:00 am to 12:10 pm 2:50 pm to 6:20 pm
6:30 pm to 7:00 pm

Thursday 9:00 am to 12:10 pm 2:50 pm to 6:20 pm
6:30 pm to 7:00 pm

Friday 9:00 am to 12:10 pm 2:00 pm to 5.20 pm

Routine appointments could be booked up to four weeks in advance. Booked appointments were 15 minutes long. Patients may book double appointments if there are a number of healthcare issues to discuss. Patients could book appointments using the practice's 24-hour automated telephone service and or online if they had previously registered to use the system. Patients who had provided the practice with their mobile telephone numbers are sent text reminders of their appointments. The GPs conducted telephone consultations with patients and made home visits. Emergency, same day appointments were available. These were triaged by the day's duty GP.

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.

In addition to booking appointments, repeat prescriptions could be requested online and the practice used the Electronic Prescription System to allow patients' prescription to be sent electronically to a pharmacy of their choice. One of the comment cards mentioned the system was sometimes a problem. The PPG had highlighted this as an area for improvement and staff had received further training in using the system.

The premises were built in 2013 and are fully compliant with the requirements of the Disability Discrimination Act 1995. There were seven treatment rooms on the ground floor and five on the first floor, accessible by a lift.

We saw from the results of the national GP patient survey showed that 53% of patients said they could get through easily compared to the local average of 76% and the national average of 73% and discussed this with staff. The practice had monitored the results and was aware from comments made by patients that telephone contact was an issue. It had since arranged for three extra phone lines to be set up. None of the comments cards we received

Are services responsive to people's needs?

(for example, to feedback?)

mentioned phone access being a problem. Patients we spoke with said that they had noticed an improvement, although there were still times when calls took a long time to progress in the queuing system.

We also noted that 67% of patients were satisfied with the practice's opening hours compared to the local average of 71% and the national average of 75%. None of the patients we spoke with, or any of the comments cards we received, referred to opening hours being a problem.

Patients told us on the day of the inspection that they were able to get emergency, same-day appointments when they needed them; staff told us there were 55 daily emergency slots. Two of the comments cards and two patients mentioned some difficulty obtaining routine appointments. Another patient told us that the appointments system had improved.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There were notices posted around the premises and a complaints leaflet available both at the practice and on its website.

We saw that seven complaints had been made during the last 12 months. The complaints were satisfactorily handled, dealt with in a timely way, with openness and transparency. They were monitored and discussed at monthly meetings and reviewed on an annual basis. Monitoring information regarding complaints was also shared with the patient participation group. The complaints were analysed to identify any trends and action was taken as a result to improve the quality of care. For example, following a complaint by a patient that a letter from the practice had taken 14 days to be delivered, staff discovered that the franking machine had not been set up correctly. This was put right and a protocol was introduced to ensure that letters were checked for the appropriate franking mark prior to them being sent.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice's aims and objectives were set out in its statement of purpose. The aims were -

- “To promote equality of access to health care for all our registered population.
- To promote the uptake of preventive procedures which have been shown to be of value through evidence based research and to promote healthy living through educated choices and health promotion.
- We are committed to working in partnership with patients with the aim of empowering them to make fully informed choices regarding their healthcare and to treat all patients with respect and dignity.
- To ensure patients have easy access to the services they require and that they understand the care and treatment they are offered.
- To work in partnership with other agencies to tackle the causes of, as well as providing the treatment for ill health and where appropriate, involve other professionals in the care of our patients.
- To be a learning organisation that continually aims to maintain and improve what we are able to offer patients. We use feedback and reflective practice to inform practice development. We are a committed training practice.
- To ensure that all members of the team have the right skills and training to carry out their duties competently and to take care of our staff through feedback and reflective practice, offering them support to do their jobs and to protect them against abuse.
- We are committed to equal opportunities for both staff and patients.”

The practice also had a published charter on display in the waiting area. It had a robust strategy and supporting business plans which reflected the aims and values and which were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice-specific policies were implemented and were available to all staff. Policy reviews were diarised and revised documents were sent to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit 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 partner GPs demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partner GPs 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 partner GPs encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment.

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

- Staff told us the practice held regular team meetings – clinical team and management meetings weekly, with the administrative team meeting every fortnight. We saw minutes confirming this.
- 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.

Are services well-led?

Good 

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

- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partner GPs encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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. We saw that comments and suggestions forms were available in the waiting area and the practice website had facilities for patients to submit them electronically.

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG was made up of nine members. It met every three months and submitted proposals for improvements to the practice management team. We saw the annual PPG for 2014/15, which highlighted areas for possible improvement, including the practice's implementation of the electronic prescribing service and the behaviour of some of the reception staff. To address the issues, some GPs and administrative staff were given training on the prescribing service to obtain a better understanding of the system. The learning was passed on to all staff, so that patients could be provided with appropriate advice and guidance. In addition, the administrative team attended a customer care and empathy course. It had been recognised that the PPG was

not fully representative of the patients on the list, for example from among the relatively large Bengali and Somali communities. Work was continuing to extend participation by advertising the PPG on the waiting area TV screen and by leaflets being given to patients opportunistically at appointments. The PPG had its own website. Some members also attended the wider Camden patients groups and were able to feedback information on issues relating to the CCG area generally.

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.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. For example, one of the administrative team had expressed an interest in training as health care assistant and this had been readily arranged by the practice.

It is a training practice with registrars (qualified doctors gaining general practice experience) working there from time to time. The practice also trained medical students and nurses. The practice was supporting two of the salaried GPs to qualify as GP trainers.

The practice was working collaboratively with a number of others in the area to explore ways of improving patients' outcomes, particularly relating to mental health checks.