

Gower Street Practice

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection on the 22 October 2015. 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 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.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was an active patient participation group, which met regularly with the practice partners and manager.
- 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.

However, there is an area where the provider should make improvement -

- The practice should continue to monitor the uptake rate for cervical screening tests and encourage eligible patients to undergo the tests.

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 there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are 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 people 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 showed patient outcomes were at or above average for the locality.
- 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 relevant healthcare providers to understand and meet the range and complexity of people's needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data showed that 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.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment, with emergency appointments available the same day and a daily walk in clinic.
- 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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



Are services well-led?

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

- It 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 this.
- 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 proactively sought feedback from staff and patients, which it acted on. The patient participation group was actively involved in identifying, planning and implementing improvements to the service.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits, telephone consultations and urgent appointments for those with enhanced needs.
- The practice worked collaboratively with other care providers and relevant parties in the case management of older people.
- The practice carried out follow up consultations for people discharged from hospital.

Good



People with long term conditions

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

- Practice staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice maintained a register of the 86 patients with diabetes, of whom 88% had received an annual foot check and 59% an eye (retinal) check. Forty-seven of the patients had documented evidence of lifestyle advice being given by the practice.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver an appropriate package of care.
- The practice worked collaboratively with other care providers and relevant parties in the case management of patients with long term conditions.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice website provided very detailed information on an extensive range of health issues and included links to various local healthcare services.

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 those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice worked collaboratively with other care providers and relevant parties in the case management of vulnerable people.
- It had told 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.

Good



Summary of findings

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).

- The practice maintained a register of 24 patients experiencing poor mental health and had data to confirm that 91% of the patients had had their blood pressure monitored, 90% had a record of their alcohol intake and 90% of female patients had undergone a cervical smear test.
- One hundred per cent of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- The practice worked collaboratively with other care providers and relevant parties in the case management of
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It 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 people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The latest national GP patient survey results were published in July 2015, covering the period July - September 2014 and January - March 2015. The results showed the practice was performing generally in line with local and national averages. Four hundred and fifty-seven surveys were sent out and 32 were returned, amounting to 7%.

- 93% found it easy to get through to this surgery by phone compared to a CCG average of 75% and a national average of 73%.
- 79% found the receptionists at this surgery helpful (CCG average 84%, national average 87%).
- 78% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 96% said the last appointment they got was convenient (CCG average 86%, national average 92%).
- 71% described their experience of making an appointment as good (CCG average 68%, national average 73%).

- 77% usually waited 15 minutes or less after their appointment time to be seen (CCG average 62%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 43 comment cards which were all very positive about the standard of care received and the staff at the practice. Two cards mentioned some dissatisfaction with locum a GP in the past, but the locum was no longer used.

We spoke with eight patients during the inspection and five members of the patient participation group. All of them said that they were happy with the care they received and thought that staff were approachable, committed and caring.

We looked at patients' comments on the NHS Choices website and noted that 82% of the 41 patients who had commented would recommend the practice and 91% of the 11 patients who had completed the Friends and Family test would recommend the practice.

Areas for improvement

Action the service **SHOULD** take to improve

The practice should continue to monitor the uptake rate for cervical screening tests and encourage eligible patients to undergo the tests.

Gower Street Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a practice nurse specialist advisor, a practice manager specialist advisor and an Expert by Experience.

Background to Gower Street Practice

Gower Street Practice operates from 20 Gower Street, London WC1E 6DP. The premises are rented from the University of London. The practice had originally been a part of the university, but became independent in 2005. It provides NHS primary medical services through a General Medical Services contract to approximately 8,500 patients. The practice is part of the NHS Camden Commissioning Group (CCG) which is made up of 40 general practices.

The practice partnership is made up of two male GPs, who employ a female salaried GP and a practice nurse. A second salaried GP has been appointed and will be starting work in December 2015. There is a practice manager, secretary and five administrative / reception staff.

The practice's opening hours are 9.00am to 5.30pm, Monday to Friday. It does not shut for lunch. The telephone line opens at 9.00am. Appointments are available between 9.00am and 12.10pm in the morning or 2.30pm and 5.20pm in the afternoon. The practice has retained responsibility for providing an out-of-hours service which it shares with the local out of hours provider. The practice partners are available from time to time to provide an out-of-hours service according to an agreed rota. The practice has a shared arrangement with another practice nearby to cover

the core service hours between 8am and 9am and again between 5.30pm and 6.30pm to provide telephone advice, surgery consultations or home visits as appropriate. Patients may dial the NHS 111 service, which connects the call, as appropriate.

The practice is registered with the CQC to provide the regulated activities Diagnostic and screening procedures, Maternity and midwifery services, Treatment of disease, disorder or injury.

The patient profile for the practice indicates a high population of younger adults of student and working age patients. The number of families with children and older people is considerably lower than national averages.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 22 October 2015. During our visit we:

- Spoke with a range of staff, including GPs, the practice nurse and practice manager and administrative staff and we spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members.
- Reviewed 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 are provided for specific groups of people and what good care looks 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. We looked at records of the ten incidents over the last 12 months that were treated as significant events.

- We saw evidence of significant events being discussed at practice meetings, allowing all staff to benefit from learning.
- The practice carried out a thorough analysis of the significant events and we saw that the analysis was also reviewed at meetings for all staff to be aware of the findings.
- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following an incident when there was a delay in dealing with test results received by email, all staff were reminded of the need to check their email inboxes daily.

When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated a good understanding of their responsibilities relating to

safeguarding and how to report and escalate concerns. We saw evidence all staff had received adult safe safeguarding and child protection training appropriate to their roles and that all had completed annual refresher courses over the preceding three years. The GPs and practice nurse were suitably trained to level 3 in child protection. Safeguarding information was readily available to staff on the noticeboard and shared computer drive.

- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice generally maintained appropriate standards of cleanliness and hygiene. Patients we spoke with and those who completed comments cards said they had no concerns over hygiene and confirmed that staff used personal protective equipment, such as gloves, aprons and masks, when appropriate, during examinations. We observed the premises to be generally clean and tidy although one consultation room, which had been decommissioned and no longer used, was dusty. Cleaning was done according to a written schedule and daily logs were maintained. Suitable arrangements were in place to deal with the removal and disposal of clinical waste. The practice had spillage kits and staff we spoke with were able to describe their appropriate use. Notices were displayed in consultation rooms providing guidance on hand washing and the procedure for dealing with needle-stick injuries. Soap and disinfectant hand gel dispensers were sited around the premises.

The practice manager 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. We saw that the last annual infection control audit had been carried out in January 2014. We discussed this with the practice manager and were told that the 2015

Are services safe?

audit had been delayed pending the practice manager and practice nurse attending refresher training. We later saw evidence that the 2015 audit had been completed shortly after our inspection.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Data indicators showed that prescribing was comparable to other practices. We checked the medication and vaccines fridges and saw that all was in date and suitable for use. Practice staff monitored and recorded the fridge temperatures to confirm the correct temperature range was maintained. We discussed with the practice manager a minor change needed to the temperature recording form so that the dates of the monitoring could be easily identified. We saw evidence that supplies of medications and vaccines were monitored on a weekly basis. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow the nurse to administer medicines in line with legislation. We saw the practice's repeat prescribing policy had been reviewed in December 2014.
- We reviewed four personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. For clinical staff, there was evidence of appropriate Hepatitis B immunisation being received.

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. We saw evidence that electrical

equipment was checked in September 2015 to ensure the equipment was safe to use and that clinical equipment had been checked and calibrated in July 2015 to ensure it was working properly.

The University of London, as landlord, is responsible for the facilities management of the premises. We saw evidence that the premises wiring had been checked and certified as safe in January 2015 and the gas supply had been checked and certified in October 2015. There were also a variety of other risk assessments in place to monitor safety of the premises such as the presence of asbestos, control of substances hazardous to health, infection control and legionella, which included an annual disinfecting of the water tank and water outlet temperature monitoring. A full health and safety risk assessment of the premises was carried out in August 2015.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

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, including cardiopulmonary resuscitation (CPR), and there were emergency medicines available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. We checked and confirmed that the defibrillator pads were within date, that the battery was charged ready for use, and that the oxygen cylinder was full. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

Are services safe?

- We saw that a fire risk assessment had been carried out in June 2015 and firefighting equipment had been inspected in August 2015. Regular fire drills were conducted and fire alarms tested weekly. All staff had received appropriate fire safety training.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included 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 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 peoples' needs.
- 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 Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 92.3% of the total number of points available, with 8.8% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data for the year 2014/15 showed -

- Performance for diabetes related indicators was 87.2%, being 2.1% below the CCG average and 2% 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 100%, being 10.1% above the CCG average and 7.2% above the national average.
- Performance for dementia related indicators was 100%, being 3% above the CCG and 5.5% above the national average.

Clinical audits demonstrated quality improvement.

- There had been nine clinical audits conducted over the last year. Of these, three were annual or completed audit cycles where the improvements made were implemented and monitored.

- The practice participated in applicable local audits, such as prescribing audits and monitoring of the service provided to patients with long term conditions, which included benchmarking relevant to other CCG practices.
- Findings were used by the practice to improve services. For example, one of the audits was a rolling programme to monitor immunisation in pregnancy, as the practice had found that the clinical records system was not satisfactory for monitoring this aspect of care. The programme had led to 100% of eligible patients being offered and receiving a pertussis (whooping cough) immunisation.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. The salaried GP told us that they had not had an internal appraisal, but was engaged in the appraisal process run by NHS England. All non-clinical staff had had an appraisal within the last 12 months.
- Training records were well-maintained providing evidence that staff received training that included safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services. We saw evidence on patients' health records of information being shared appropriately. Patients' records we saw indicated that they were maintained adequately for communicating relevant data, for example to other care providers and any locums working at the practice from time to time.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a quarterly basis, or more frequently when appropriate, and that care plans were routinely reviewed and updated.

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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. The practice had identified the smoking status of 99% of patients and offered cessation support to 93%. In addition there were a number of services available to students, such as counselling and psychological support.

The practice's uptake for the cervical screening programme was 48%, which was markedly lower than the national average of 82%. We discussed this with the practice and were told that many of the patients eligible for the screening were students at nearby colleges. The practice had also identified a high turnover of student patients. Some of whom registered temporarily while attending courses, but who did not necessarily inform the practice when the course was completed and that they would no longer be using the service. The practice stated that many patients in this group were women from overseas who preferred to have their cervical cancer screening in their own countries. The practice was aware of the low figures and was encouraging the uptake of screening, with information available on its website, including an explanation of the test procedure. For those patients who did arrange screening at the practice, there was a policy to contact by phone patients who did not attend for their planned cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and provided chlamydia and HIV testing services.

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 79% to 100% and five year olds from 75% to 88%. Flu vaccination rates for the over 65s were 79% and at risk groups 57%. These were above the national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Two-hundred and thirty patients had been offered health checks since

Are services effective?

(for example, treatment is effective)

April 2015 and 84% of eligible patients had received a blood pressure check. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The practice website provided easy access to very detailed information on an extensive range of health issues and included links to various local healthcare services.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that 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.

All of the 43 patient CQC comment cards we received 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. Three of the patients' comments card mentioned some lack of privacy at the reception desk. This issue was known to staff, who told us that a separate room was available for patients to discuss matters in private. The practice operates from rented premises in a listed building. Accordingly, it is limited in making adaptations and was actively seeking to identify new premises in consultation with patient participation group (PPG). Other patients' comments were positive on how staff interacted with children at consultations.

We also spoke with five members of the PPG. They also told us they were very satisfied with the care provided by the practice and confirmed their involvement in identify new premises. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 87% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 81% said the GP gave them enough time (CCG average 80%, national average 87%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 74% said the last GP they spoke to was good at treating them with care and concern (CCG average 80%, national average 85%).
- 81% said the last nurse they spoke to was good at treating them with care and concern (CCG average 82%, national average 90%).
- 79% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patients told us that 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 on the comment cards we received was also positive and aligned with these views.

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

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 82% said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 81%)
- 94% said the last nurse they saw was good at involving them in decisions about their care (CCG average 76%, national average 85%)

Staff told us that translation services were available for patients who did not have English as a first language. We

Are services caring?

saw notices in the reception areas informing patients this service was available. A number of staff were able to assist in translating for patients in languages such as Urdu, French, Tamil, Hindi, Spanish, Italian and Polish.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 13 patients who were carers and the practice provided written information about 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.

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.

- There was a walk in clinic each weekday morning, allowing patients to attend without appointments and an emergency clinic during afternoons.
- There were longer appointments available for people with a learning disability and patients with more complex needs.
- Home visits and telephone consultations were available for older patients / patients who would benefit from them.
- Same day appointments are available to all patients.
- There were disabled facilities, with consultation rooms on the ground floor, with wheelchair access. Translation services were available.

The practice had a well-designed website, providing links and information to numerous local services appropriate to the patient population. The website contained detailed information on a wide range of health care issues. This included giving explanations of testing and screening procedures, to help encourage patient uptake of the screening, immunisation programmes and health checks. Information regarding the patient participation group was accessible, together with minutes of the PPG meetings and annual reports.

Access to the service

Clinical staff was made up of two male GPs, who were partners in the practice and who employed a female salaried GP and a practice nurse. A second salaried GP had been appointed and was due to be starting work in December 2015. Cover was being provided by locums. The two partner GPs worked five clinical sessions each week and the salaried GP worked seven. In addition, there were 10 sessions covered by locum GPs.

The practice's opening hours were 9.00am to 5.30pm, Monday to Friday. It did not shut for lunch. The telephone line opened at 9.00am. Appointments were available

between 9.00am and 12.10pm in the morning or 2.30pm and 5.20pm in the afternoon. The practice had retained responsibility for providing an out-of-hours service which it shared by arrangement with the local out of hours provider. The practice partners were available from time to time to provide an out-of-hours service according to an agreed rota. The practice had a shared arrangement with another practice nearby to cover the core service hours between 8am and 9am and again between 5.30pm and 6.30pm to provide telephone advice, surgery consultations or home visits as appropriate. Patients could dial the NHS 111 service, which connected the call, as appropriate. The practice had operated extended evening hours in the past, but this had been discontinued in December 2014, in consultation with the PPG. This was to allow for more consultations to be available during mornings, which had been identified as being particularly busy. The practice actively monitored patient access and we saw it stated in PPG documents that late hours could be reintroduced in the future.

Consultations were for ten minutes, but double appointments could be booked by patients with more complex conditions or needs. A walk in clinic was provided by three doctors between 10.00am and 11.00am, with an emergency clinic in the afternoon. Home visits and telephone consultations were available during working hours. Patients could book appointments and order repeat prescriptions online, having registered to do so.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was better than local and national averages. People told us on the day that they were able to get appointments when they needed them. One patient told us they missed having late (evening) appointments being available. Two of the comments cards mentioned having to wait for appointments with their preferred doctors.

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 75%.
- 93% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).
- 91% patients described their experience of making an appointment as good (CCG average 79%, national average 85%).

Are services responsive to people's needs?

(for example, to feedback?)

- 77% patients said they usually waited 15 minutes or less after their appointment time (CCG average 62%, national average 65%).

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 on the practice website, in the practice leaflet and on posters around the premises.

We looked at five complaints received in the last 12 months and found they were satisfactorily handled and dealt with in a timely way, with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, when a patient had complained about a receptionist being “unsympathetic and abrupt” the member of staff concerned was given training in “empathy and compassionate care”. Two comments cards mention concerns over the approach of a locum GP in the past. We noted from meeting minutes that such an issue had been discussed and the locum was no longer used by the practice.

The practice leaflet and website actively encouraged patients to submit comments and suggestions. It also monitored and responded to reviews patients had posted on the NHS Choices website.

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 – “We aim to provide a high quality GP service in a caring and safe environment. Our patients include local residents and students at nearby colleges living over a wider area of central London. We work closely with other health organisations in our locality and are part of the Camden Federation of practices. We take steps to ensure that our organisation is effective and responsive to the needs of our patient population”.
- The website stated the practice ethos – “In partnership with you we will help you to make decisions about your health, discuss treatments that are available and refer you to other specialists as necessary. You will be treated in confidence and with respect and courtesy”.
- Staff we spoke with knew, understood and supported the practice aims and ethos.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- Work was ongoing to identify new premises and the process included the active involvement of the patient participation group.

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.
- A comprehensive understanding of the performance of the practice.

- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners and practice manager were visible in the practice and staff told us that they were approachable and always took the time to listen to them.

The practice 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 processing and informing staff of notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gives 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 that the practice held regular team meetings. We saw evidence of issues such as complaints and significant events being discussed with staff so all could benefit from learning points.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners and management in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. Staff spoke very positively of the practice and clearly enjoyed their work.

Are services well-led?

Good 

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

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

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

- There was an active patient participation group (PPG) which met quarterly at convenient times. The partners and practice manager attended the PPG meetings. The PPG submitted proposals for improvements and worked closely with the practice management team. For example, the group had identified the need for the waiting room to be redecorated, for there to be more reception staff on duty during mornings and for training to be provided to reception staff; all of which the practice had implemented.
- The practice gathered feedback from patients through the PPG and carried out its own patient surveys. The practice encouraged patients to submit comments and suggestions and reviewed complaints received to identify learning points. The practice monitored and responded to patients' reviews posted on the NHS Choices website.
- The practice had also gathered feedback from staff through staff meetings, appraisals and 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.