

Museum 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 26 May 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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- A daily walk-in clinic was available, without the need for patients to make an appointment.
- 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.

We noted an aspect of outstanding practice:

- GPs had visited a nearby hostel to opportunistically target residents who were registered as homeless, to encourage the uptake of annual health checks. The

Summary of findings

practice had a total of 109 patients on its homeless register. It had carried out health checks on 86 patients (79%), offering flu vaccinations and screening for blood-borne viruses.

However, there was an area of practice where the provider should make improvement:

- It should continue to monitor the gender mix of locums, as appropriate, to allow male patients some choice in seeing a male GP.

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 above local and national averages.
- 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.
- 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.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients said they found it easy to make an appointment, with urgent appointments available the same day.
- The practice operated a walk-in clinic each morning for which no appointment was needed.
- Patients told us the practice was accessible, flexible and offered continuity of care.
- 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.
- Access to the premises was limited, but alterations were not possible due to the listed-building status. The practice was actively seeking new premises. Patients who had difficulty with access were visited at home by GPs.

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.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active, although engagement between the group and the practice could be improved.
- There was a focus on continuous learning and improvement at all levels.

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

Good



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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice maintained an Avoiding Unplanned Admissions register of 72 patients, all of whom had up-to-date care plans.
- All nine patients who had been discharged from hospital had had a follow up consultation.
- The practice had a register of 238 patients prescribed more than four medicines and records showed that reviews had been carried out in respect of 233 (98%).
- Flu vaccination rates for patients aged over-65 were above the local average.

People with long term conditions

Good



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

- 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.
- Data showed that the practice was performing above local and national averages in relation to diabetes care. It maintained a register of 151 patients with diabetes and had carried out annual foot checks on 144 (95%) of the patients and retinal checks on 120 (76%).
- The practice maintained a register of 29 patients with heart failure, all of whom 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 above the local and national average.

Summary of findings

Families, children and young people

Good



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.
- Immunisation 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.
- We saw positive examples of joint working with health visitors.

Working age people (including those recently retired and students)

Good



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

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice's uptake for the cervical screening programme in 2014/15 was 78%, which was 6% above the local average.
- Data showed that 1300 patients (91% of those eligible) had undergone blood pressure checks.

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including homeless people (109 patients) and those with a learning disability (five patients). It had carried out health checks on 86 (79%) of the homeless patients and all of those with a learning disability.
- The practice had opportunistically targeted residents at a nearby hostel to encourage the uptake of annual health checks.
- The practice offered longer appointments for patients with a learning disability. All five of the registered patients had received annual follow ups and care plan reviews in relation to their care.

Summary of findings

- 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.

People experiencing poor mental health (including people with dementia)

Good



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

- Data showed that all 14 patients on the dementia register had had their care reviewed in a face-to-face review in the preceding 12 months, above 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 56 patients (89% of those on the serious mental health register) had received a physical health checks and 60 (95%) had had their alcohol status recorded.
- 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.

Summary of findings

What people who use the service say

The latest national GP patient survey results were 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. Three hundred and ninety-one survey forms were distributed and 93 were returned. This represented roughly 2% of the practice's list of approximately 4,200 patients.

- 100% 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%.
- 92% of patients found the receptionists helpful compared with the CCG average of 86% and the national average of 87%.
- 96% 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%.
- 94% 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%.

- 88% 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 45 comment cards which were generally very positive about the standard of care received, saying that staff were friendly, supportive and helpful. They said that GPs and clinical team took time to explain healthcare issues and involved them in decision making. One of the patients we spoke with and two who completed comments cards said there were sometimes long waiting times at the surgery due to previous appointments overrunning.

We spoke with four patients during the inspection and a member of the patient participation group. All the patients said they were 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 89 patients who had responded, 80 were likely to recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

Continue to monitor the gender mix of locums, as appropriate, to allow male patients some choice in seeing a male GP.

Outstanding practice

GPs had visited a nearby hostel to opportunistically target residents, who were registered as homeless, to encourage

the uptake of annual health checks. The practice had a total of 109 patients on its homeless register. It had carried out health checks on 86 patients (79%), offering flu vaccinations and screening for blood-borne viruses. .

Museum 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 adviser and an Expert by Experience.

Background to Museum Practice

The Museum Practice operates from 58 Great Russell Street, London WC1B 3BA. The practice's premises are leased from the local authority and are in the basement of a listed block of flats. Access for disabled patients may be problematic, but the listed status and limited space prevents any building alterations. The practice website mentions this and patients who may have difficulty attending the surgery are visited in their homes by the GPs. The premises have good transport links.

The practice provides NHS services through a Personal Medical Services (PMS) contract to approximately 4,200 patients. The patient list size had increased by approximately 800, following the closure of a nearby practice in 2014. 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, maternity and midwifery services and surgical procedures. The patient profile for the practice has a higher than average working age population group, with lower than average young children, teenage and older patient groups.

The practice has a clinical team of two female partner GPs and a salaried female GP. The partners work full-time (six or seven clinical sessions per week) and the salaried GP works the equivalent of one and a half days (three sessions) a week. The practice uses three regular locum female GPs. It is a teaching practice, with three GP registrars (qualified doctors gaining general practice experience) working there at the time of the inspection. The practice also teaches students from The Royal Free and University College Hospital. The practice has a senior receptionist and three receptionists who work various weekly hours to an agreed rota.

The practice's opening hours are 8.45 am to 7.45 pm on Monday; 8.45 am to 6.30 pm Tuesday to Friday. Phones are answered from 8.15 am each morning. The lunch break is between 1.00 pm and 2.00 pm. The practice is closed at weekends, but there is provision for patients to be seen at the nearby South Camden Centre for Health on Saturday mornings. The practice has opted out of providing out-of-hours services; patients calling the practice when it is closed are referred to the local out-of-hours provider. Details of the service, together with information about a nearby walk-in centre operating at weekends, was available.

Appointments with the GPs are available each weekday morning between 9.00 and 11.30 and during the afternoon between 4.00 and 6.00; the practice operates extended hours on Monday evening, with pre-booked appointments with GPs available up to 7.30. In addition, each weekday morning between 9.00 and 11.00 one of the GPs provides a walk-in clinic, for which no appointment is needed. Between 11.30 am and 4.00 pm, the GPs make home visits and are available to provide telephone advice to patients who are not able to attend the surgery. Appointments can be booked online by patients who have previously registered to use the system, and there is a 24-hour automated telephone booking system.

Detailed findings

Why we carried out this inspection

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

We had inspected the practice using our previous methods in January 2014, when we found that it was complying with the regulations in force at the time.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 26 May 2016. During our visit we:

- Spoke with a range of staff including the partner GPs, a GP registrar, and members of the administrative team. We also spoke with five patients including a member 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.

- The lead partner GP was responsible for leading on significant events and incidents. Staff told us they would inform the partner GP 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 weekly clinical meetings and monthly staff meetings, when all staff were encouraged to contribute to discussions. If the events involved other NHS service providers, the practice also carried out quality safety audits.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw that safety alerts were passed on to GPs and collated for future reference. Recent examples of information distributed related to a general change in procedures for issuing alerts and specifically to patients with Kawasaki Disease. There was evidence that lessons were shared and action was taken to improve safety in the practice. For example, there had been five incidents treated as significant events in the previous 12 months and we looked at three incidents closely. One related to a patient who suffered a heart attack during a home visit. A significant review meeting was held within five days. Identified action points, that all staff had up to date basic life support training, that the doctor's visit bag was fully stocked and monitored and that notification of the incident was given to the CQC were all addressed forthwith.

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. The practice policy on safeguarding had been reviewed in December 2015 and was accessible to all staff. The policy clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Each of the two partner GPs led on adult and child safeguarding respectively. Safeguarding was a standing item on the monthly full team meeting agenda. The practice ran monthly records searches to monitor cases. We saw records of meetings with health visitors to discuss new and ongoing concerns. The GPs frequently attended safeguarding meetings and always provided reports where necessary for other agencies. We saw that one safeguarding alert raised by the practice had also been treated as a significant event. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role; the GPs to level 3, with the other staff being trained to level 1.
- Leaflets in the waiting room advised patients that chaperones were available if required. The practice policy, most recently reviewed in December 2015, was that members of the clinical team 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. Three members of the reception team had also been trained as cover and had DBS checks completed. One member of the reception staff's repeat DBS check was overdue. But the practice sent us confirmation shortly after the inspection that the check had been initiated.
- 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. There was a communications book allowing comments and messages to be passed to the cleaners. One of the

Are services safe?

patients we spoke with and two comments cards mentioned the toilet being smelly. We noted this ourselves and discussed it with staff. The problem was caused by the practice operating in the basement of a block of flats, and being near the drain outlet for the whole block. It had been raised with the landlord, but ways of remedying the problem could not be identified. We saw that air fresheners were used and that the back door was left open to reduce the problem as much as possible. Clinical waste was collected weekly and disposed of by a licensed contractor. One of the partner GPs 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 January 2016 and we saw evidence that action was taken to address any improvements identified as a result. Equipment we inspected was in date and fit for use. Curtains in the four treatment 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. Policies relating to medicines had been reviewed in August 2015. 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. The practice appropriately monitored and recorded stocks of medicines, vaccines and emergency drugs. This included the GPs' home visits bag, following a significant event in February 2015. 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 three 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, which had been reviewed in December 2015, available with the required health and safety poster in the reception office. Firefighting equipment had been checked and serviced in October 2015 and a fire risk assessment had been carried out shortly before our visit. New fire safety signs and low heat-emission bulbs, recommended by the audit, had been obtained. Staff had undertaken annual fire awareness e-learning and one was a trained fire marshal. There had been no recent fire drills, but the practice confirmed shortly after our inspection that one had been conducted and future drills were scheduled every three months. The annual testing of electrical equipment (PAT testing) and the annual inspection and calibration of medical equipment had been done in May 2016. The practice had a variety of other risk assessments in place to monitor safety of the premises. These included a register of substances hazardous to health (CoSHH), such as cleaning products, and risk assessments relating to infection control and legionella, a particular bacterium which can contaminate water systems in buildings. The premises were identified as a low legionella risk as there were no tanks, with water being heated at the taps. A record was maintained of staff members' immunisation status.

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 rooms which alerted staff to any emergency. We saw the system demonstrated.
- All staff received annual basic life support training and there were emergency medicines available.

Are services safe?

- 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. There was a first aid kit and accident recording book was used. The practice did not have an emergency oxygen supply, but when we raised this a cylinder was ordered on the day of the inspection. The practice confirmed the oxygen's delivery shortly after our inspection and stated that all staff had been trained in its use.
- 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 in place a business continuity plan, which had been reviewed and updated recently. It included arrangements for the service to be provided from alternative nearby premises. The plan contained emergency contact numbers for staff, service providers and local GP practices.

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 local clinical commissioning group and NHS England.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines 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 guidelines received. Guidelines and alerts were collated in an alerts folder and passed on to clinicians by email. We saw recent examples relating to the measles outbreak in April and revised cancer care management forms being emailed to all staff. Guidelines were also discussed at clinical and staff meetings.
- 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 98% of the total number of points available being 4.8% above the CCG average and 3.3% above the national average. The practice's clinical exception rate was 6.3%, which was 1.3% below the CCG average and 2.9% 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 92.4%, being 3.1% above the CCG average and 3.2% above 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 CCG Average, and 7.2% above the national average.

The practice provided us with current data which showed that it was on target to achieve similar figures for the year 2015/16, with 98% for clinical indicators and 96% for public health indicators.

There was evidence of quality improvement including clinical audit. There had been 22 clinical audits carried out in the last two years. Of these, six were completed cycle audits where the improvements made were implemented and monitored. An example of an audit we saw related to patients prescribed Methotrexate, a drug used to treat certain types of cancer, carried out in 2014/15. It showed that the practice was meeting the standards required by the local NHS team. Specific improvement in the practice's performance included a record of the patient-held monitoring and information booklet in the practice's computerised medical notes. This had increased from 83% to 93% over the audit cycle, both results being better than the required standard of 80%. The audit had highlighted some issues relating to how secondary care providers used the monitoring booklets and the need for GPs to chase blood test results prior to prescribing. The practice had established actions including providing further training to staff in monitoring and prescribing the drug.

The practice participated in local audits, benchmarking and peer review. For example, we were shown the results of the monitoring done by the CCG of local practices' prescribing figures.

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.
- The practice had a suitable information pack for use by locum GPs employed from time to time. This had last been reviewed in December 2015. Staff told us that the locums used had been trainees at the practice and therefore knew it well.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for GPs, for example relating to reviewing patients with long-term conditions and cervical screening.
- The learning needs of staff were identified through a system of appraisals, meetings, peer reviews 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. Meetings took place with other health care professionals on a monthly basis, when care plans were routinely reviewed and updated for patients with complex needs.

The practice participated in a local process, the Camden Integrated Digital Record (CIDR), which allowed healthcare providers involved in patients' care to share relevant information across different electronic records systems.

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 GPs 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 and recorded the smoking status of 91% of all patients on its list. It had identified the smoking status of 658 of patients, 98% of those on its chronic disease registers and been able to provide advice to 556 of them.

The practice's uptake for the cervical screening programme for 2014/15 was 78%, which was 6% above the CCG average. There was a policy 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. 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 75% to 95% and five year olds from 80% to 93%.

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 1,300 patients (being 91% of those eligible for the

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

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.

The patient comment cards we received and the five 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.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice's satisfaction scores on consultations with GPs were above local averages. For example -

- 92% 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%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 87%.
- 96% 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%.
- 84% 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%.

We saw a letter of apology written by one of the GP registrars in response to a patient complaining about the registrar's attitude during a consultation.

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 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable to local and national averages. For example -

- 89% 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%.
- 80% 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%.

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. The practice told us that 22% of its patients were of Bengali background and a Bengali interpreter attended on Tuesday mornings between 9.30 and 11.00.

Patient and carer support to cope emotionally with care and treatment

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 if a patient was also a carer. The practice had identified 80 patients as carers, being approximately 2% of the practice list. We saw that 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.

Are services caring?

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.

- The practice scored highly in the GP patient survey, relating to access to the service.
- Routine pre-booked appointments were available between 9.00 and 11.30 each morning and between 4.00 and 6.00 each afternoon. Appointments were often available within 24- to 48-hours of the initial request.
- The practice operated extended hours on Monday evening up to 7.30, for patients not able to attend during normal working hours.
- The practice provided a walk-in service each morning between 9.00 and 11.00, which patients could attend without an appointment.
- 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.
- Appointments could be booked, and repeat prescription requested, online. There was a 24-hour automated phone booking system.
- Prescription requests were processed within four to six hours.

Access to the service

The practice's opening hours were 8.45 am to 7.45 pm on Monday; 8.45 am to 6.30 pm Tuesday to Friday. Phones were answered from 8.15 am each morning. The lunch break was between 1.00 pm and 2.00 pm. The practice closed at weekends, but there was provision for patients to

be seen at the nearby South Camden Centre for Health on Saturday mornings. The practice had opted out of providing out-of-hours services; patients calling the practice when it was closed were referred to the local out-of-hours provider. Details of the service, together with information about a nearby walk-in centre operating at weekends, was available.

Appointments with the GPs were available each weekday morning between 9.00 am and 11.30 am and during the afternoon between 4.00 pm and 6.00 pm; the practice operated extended hours on Monday, with pre-booked appointments with GPs available up to 7.30 pm.

In addition, each weekday morning between 9.00 am and 11.00 am one of the GPs provided a walk-in clinic, for which no appointment was needed. The practice told us that up to 35 patients were seen daily at the walk-in clinic, with all clinicians participating, once they had finished their normal surgeries.

Between 11.30 am and 4.00 pm, the GPs made home visits and were available to provide telephone advice to patients who were not able to attend the surgery. Appointments could be booked online by patients who had previously registered to use the system, and there was a 24-hour automated telephone booking system. Routine appointments were 10 minutes long, but longer ones could be requested. Patients' notes were flagged if special circumstances might require staff to book them longer appointments, for instance if the patient had learning difficulties or if a care review was due. Text messages were sent to patients who had provided their mobile numbers, reminding them of appointments and reviews.

We saw from the results of the national GP patient survey showed that most patients were happy with their experience of making appointments -

- 100% of patients said they found it easy to get through to this surgery by phone compared with the CCG average of 76% and the national average of 73%
- 83% of patients were satisfied with the surgery's opening hours compared with the CCG average of 71% and the national average of 75%
- 89% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%

Are services responsive to people's needs?

(for example, to feedback?)

Patients told us on the day of the inspection that they were able to get emergency, same-day appointments when they needed them.

The practice's premises were leased from the local authority and were in the basement of a listed block of flats. Access for disabled patients and those with children in buggies could be problematic, but the listed status and limited space prevented any building alterations. The practice website mentioned this and patients who had difficulty attending the surgery were visited in their homes by the GPs. Staff told us that a high number of home visits were carried out as a consequence. The practice was continuing with work to identify alternative premises nearby and showed us building plans of a possible location.

All GPs at the practice were female. This had been recognised as a potential issue where male patients preferred to see a male doctor. Staff told us there was a sexual health clinic and a number of other, larger, GP practices nearby, should a male patient wish for a male GP. Although none of the patients we spoke with, or those who had completed comments cards, mentioned this as a problem, we noted that a male patient responding to the Friends and Family Test had said they would prefer the option of a male GP. The practice should continue to monitor the matter and review the gender mix of locums, as appropriate, to allow male patients some choice.

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.
- All complaints were referred to the partner GPs for handling.
- 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. This included information regarding the NHS Complaints Advocacy service, which provided assistance to patients making complaints.

The practice's complaint policy was due for review in July 2016; we noted that it referred to a partner who had recently left the practice. However, one of the current partners was also mentioned as being responsible for complaints handling. We saw that seven complaints had been made during the last 12 months, including a review posted on the NHS Choices website. 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, most recently in March 2016. Monitoring information regarding complaints was also shared with the patient participation group. The complaints were analysed to identify any trends and, where appropriate, action was taken to improve the quality of care. For example, when a patient had complained about not being able to register as the practice was about to close for the day, a change was made to the website clarifying the process and specifying the best time to attend to register.

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 detailed aims and objectives were set out in its statement of purpose. They included -

- To provide the best quality care to our patients in a safe and comfortable environment, by a team who feel valued & appreciated.
- To treat all patients equally, with respect and courtesy, and without discrimination.
- To actively engage with the local health care community.
- To be compliant with relevant UK legislation pertaining to General Practice work, health & safety & employment law.
- To hold training and education at the core of our practice.
- To improve the management of complex and challenging cases by using co-location of services and liaison with community support therapies in delivering services closer to patients' homes.
- To promote good health and well-being through information and education. We involve patients in decisions regarding their care, having had explained treatment choices in a way they can understand.
- To provide opportunities for our patients to actively contribute to the work of the practice.

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.
- 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 monthly team meetings. We saw minutes confirming these took place weekly.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. The partner GPs encouraged all members of staff to identify opportunities to improve the service and involved them all in discussions about how to run and develop the practice.

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

Are services well-led?

Good 

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

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 had been established for several years. It met every two-to-three months and was made up of eight patients. Several other patients were involved by email. We met with a member who was very positive about the engagement and openness of the practice. They told us of examples where the practice had acted on suggestions made by the PPG, including having the premises redecorated and refurbished and having a handrail installed to assist access.

We noted that the practice monitored patients' reviews left on the NHS Choices website and responded appropriately. In one case, a review had been treated as a formal complaint. The practice also reviewed results of the NHS Friends and Family Test. We were shown three sets of recent monthly figures which showed that of 89 patients who had responded, 80 were likely to recommend the practice.

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. We noted that staff turnover was low and members told us this was a reflection of how happy they were.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. For example, one of the reception staff told us they had requested training in a particular field which would further their career development and this had been readily arranged by the practice. We spoke with one of the GP registrars, who told us that the practice tailored their educational programme to meet the registrar's needs and wishes.

Staff we spoke with were fully supportive of the practice's stated objectives, which included -

- To continuously improve the quality of our service by providing a dynamic and responsive workplace and management structure that allows individual team members to drive change.
- To provide opportunities for staff training and development to improve the services we are able to offer patients.

The practice participated in local initiatives, such as the Home Visiting Pilot. There was evidence to show that by the practice being proactive with home visits unplanned hospital admissions had been reduced. The practice also took part in the local paediatric asthma pilot.