

James Wigg Group 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 22 September 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 how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

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

- Continue to monitor the appointments process and patients' telephone access to the service and implement any changes necessary to improve these aspects of care.

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.
- The practice monitored performance and where the need for some improvement had been identified it had implemented actions.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed the practice was comparable with others in respect of most aspects of care.
- Patients told us 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.

Good



Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Early morning and evening appointments were available for patients unable to attend during normal working hours.
- The practice monitored the appointments system and patients' telephone access and had an action plan in place to improve patients' access to the service.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff understood the vision and their responsibilities in relation to it.
- There was a strong leadership structure and staff felt supported by management. The practice had various up to date policies and procedures to govern activity.
- 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 practice 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 upon. The patient participation group was active.
- 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

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

Good



- 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 made provision for urgent appointments for those with enhanced needs.
- The practice maintained a case management register of patients at high risk of admission to hospital. There were 327 patients currently on the register, all of whom had up to date care plans. One hundred and twenty one patients on the register had been discharged from hospital in the previous 12 months and all had had their care plans reviewed.
- Records showed that 483 patients, being 85% of those who were prescribed ten or more medications, had had a structured annual review.
- Six hundred and eighty-four patients identified as being at risk of developing dementia had received a cognition test or memory assessment.

People with long term conditions

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

Good



- The practice held monthly meetings to discuss patients at higher risk of unplanned admission to hospital.
- Longer appointments and home visits were available when needed.
- The practice's performance relating to diabetes care was comparable with local averages.
- The practice maintained a register of 861 patients with diabetes, of whom 749 (86%) had received an annual eye check.
- The flu vaccination rate for patients with diabetes was 97.45%, above local and national averages.
- The practice maintained a register of 107 patients with heart failure, of whom 89 (83%) had had an annual medicines review in the preceding 12 months.
- The practice's performance relating to asthma, hypertension, and chronic obstructive pulmonary disease was comparable with local and national averages.

Summary of findings

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances and maintained a register of vulnerable children.
- Take up rates for all standard childhood immunisations were above the local average.
- The practice provided human papilloma virus (HPV) vaccinations to teenage girls who had not received it at school.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

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).

Good



- 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.
- Early morning and evening appointments with both GPs and nurses were available for those patients who could not attend during normal working hours.
- Telephone consultations with patients' usual GPs were available within 48 hours of the request.
- The practice's uptake for the cervical screening programme was above the local average.
- Data showed that 660 patients (65% of those eligible) had received an NHS health check.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances. It had signed up to the Homelessness local enhanced service and maintained a register of 62 homeless patients.

Summary of findings

- It maintained a learning disability register of 58 patients, of whom 38 (66%) had received an annual follow and had their care plans reviewed.
- The practice offered longer appointments for patients with a learning disability.
- 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)

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

- Seventy-five per cent of the 401 patients experiencing poor mental health had a comprehensive, agreed care plan documented in the record, in the preceding 12 months, comparable with local and national averages.
- The practice worked closely with a local mental health trust's psychology team, providing co-ordinated care for patients.
- It was investigating employing a specialist mental health nurse to meet the needs of this patient group.
- Eighty-four per cent of the 68 patients diagnosed with dementia had had their care reviewed in a face-to-face review in the preceding 12 months, comparable with 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; records showed this had been completed in respect of 78% of the patients.
- Continuity of care for patients experiencing poor mental health was prioritised.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia. All staff had completed online training relating to the Mental Capacity Act.

Good



Summary of findings

What people who use the service say

The latest national GP patient survey results available at the date of the inspection had been published in July 2016 and covered the periods July - September 2015 and January - March 2016. The results showed the practice was performing generally in line with local and national averages. Three hundred and fifty-nine survey forms were distributed and 121 were returned. This represented roughly 0.6% of the practice's list of approximately 20,500 patients.

- 65% of patients found it easy to get through to this practice by phone compared to the local average of 76% and the national average of 73%.
- 74% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 84% and the national average of 85%.
- 84% of patients described the overall experience of this GP practice as good compared to the local average of 84% and the national average of 85%.
- 81% 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 79% and the national average of 78%).

Seventy-eight patients had responded to the Friends and Family Test since April 2016; of whom 59 (75%) were extremely likely to recommend the practice and 15 (19%) were likely to recommend it.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards, most of which were very positive about the standard of care received, saying that staff were friendly, supportive and helpful, and that the premises were always clean. They said that GPs and clinical team took time to explain healthcare issues and involved them in decision making. Three of the comments cards mentioned there sometimes being delays in getting appointments; one specifically referred to early or on the day appointments and another to general non-urgent appointments. The third card mentioned that if their need was urgent a GP always phoned them to discuss the problem.

We spoke with 10 patients during the inspection, together with two members of the patient participation group. The patients said they were generally very satisfied with the care they received and thought staff were approachable, committed and caring. Six of the patients we spoke with said they had on occasions waited between 10 and 30 minutes to be seen, but this did not cause them undue concern.

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to monitor the appointments process and patients' telephone access to the service and implement any changes necessary to improve these aspects of care.

James Wigg Group 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, a practice nurse specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to James Wigg Group Practice

The James Wigg Group Practice operates at the Kentish Town Health Centre, 2 Bartholomew Road, London NW5 2BX. It shares the premises, which opened in 2008, under a tenancy agreement, with a number of other services. The premises are owned by Camden and Islington Community Solutions Ltd, which contracts facilities management and maintenance to NHS Property Services.

The premises are located a short distance from Kentish Town Road and Kentish Town underground and main line stations and have good transport connections nearby.

The practice provides NHS services through a Personal Medical Services (PMS) contract to approximately 20,500 patients. It is part of the NHS Camden Clinical Commissioning Group (CCG) which is made up of 36 general practices. The practice is registered with the Care Quality Commission to carry out the following regulated activities - Maternity and midwifery services; Surgical procedures; Diagnostic and screening procedures; Family planning; Treatment of disease, disorder or injury. The patient profile has a higher than average working age population, between 20 and 50, with fewer than average

older patients. The deprivation score for the practice population is in the third “more deprived decile”, indicating a higher than average deprivation level among the patient group.

The practice has a clinical team of four partner GPs, one salaried partner GP and 15 salaried GPs. Two of the salaried GPs are retained doctors, working under the Retained Doctor Scheme, which is a package of support to help GPs who might otherwise leave the profession to remain in clinical general practice. There are 16 female GPs and four male. The GPs work in three teams to assist in providing a greater degree of continuity of care. The partner GPs worked four or five clinical sessions per week; the salaried GPs up to seven clinical sessions. It is a teaching practice, with eight GP trainers. At the time of our inspection, there were eight registrars (qualified doctors gaining general practice experience) and three Foundation Year 2 medical students working at the practice. There are eight practice nurses, two of whom are trainers, a physician associate and two healthcare assistants. The nurses work between three and eight clinical sessions per week; the physician associate, seven sessions and the health care assistants, six sessions.

The administrative team is made up of a practice manager and associate practice manager, and 28 other staff.

The practice reception operates Monday – Friday between 8.30 am and 6.30 pm. Appointments, including extended hours, are available between the following times -

Monday 7.30 am to 6.30 pm

Tuesday 8.30 am to 8.00 pm

Wednesday 7.30 am to 6.30 pm

Thursday 7.30 am to 8.00 pm

Friday 8.30 am to 6.30 pm

Detailed findings

Routine appointments are 12 - 20 minutes long, although patients can book double appointments if they wish to discuss more than one issue. Appointments are usually offered up to six weeks in advance. Patients may request urgent appointments, when a receptionist will note the patient's contact details and their health needs and pass them to the duty GP to triage and phone the patient back. There are two duty GPs in the morning and one in the afternoon.

If they have previously registered for the system, patients can also book appointments and request repeat prescriptions online. The practice also operates a 24-hour automated telephone booking service. Home visits are available for patients who for health reasons are not able to attend the practice.

The practice is closed at weekends, but a number of weekend appointments are available under a local scheme operating at three locations across the borough. The practice has opted out of providing an out-of-hours service. Patients calling the practice when it is closed are connected with the local out-of-hours service provider. There is information given about the out-of-hours provider and the NHS 111 service on the practice website. Information is given in the practice leaflet regarding the two urgent care centres operating in the borough.

Why we carried out this inspection

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

The practice had not been inspected previously.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 22 September 2016. During our visit we:

- Spoke with a range of staff including partner GPs and salaried GPs, practice nurses, the practice manager and members of the administrative team. We also spoke with ten patients who used the service, and two members of the patient participation group.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. These included actual incidents and near misses.

- The practice's computer system had a protocol for recording incidents, managing any investigation, analysis and for recording the outcomes. The protocol and reporting form was accessible via a shortcut on staff members' computer screens. Staff we spoke with were familiar with the protocol and reporting form and described how these were used. The associate practice manager was the lead for significant events. We saw several examples of completed records. We saw that events were reviewed at weekly clinical meetings and at senior management team meetings. Information, including the results of investigations, was disseminated to staff in the practice newsletter. However, we were shown evidence that where significant event outcomes needed to be communicated urgently they were distributed by e-mail to all staff. The incident management process 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.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, there had been ten incidents treated as significant events in the previous 12 months and we discussed these with staff. In one case, a small number of test results had not been checked as they had been sent to the computer inboxes of staff who had left the practice. No patients had been at risk. As a consequence of the incident, the practice introduced a revised protocol whereby all staff leaving would have their accounts removed from the computer system. Their system accounts cannot be closed

whilst there remains correspondence in their inboxes. This would alert staff to the presence of correspondence and allow it to be reallocated to other clinicians. We saw another case, relating to recording tasks and actions on the computer records, had been addressed with a revised procedure being introduced within 24 hours of the incident taking place.

Patient safety alerts, received using the NHS Central Alerting System, and for example relating to particular medications, were initially processed by the managing partner GP, then passed to the associate practice manager for actioning. They were forwarded to relevant clinical staff by email, and a spreadsheet record was maintained. In the case of medications alerts, a search of computer records is conducted, to identify which patients had been prescribed the drugs who were then contacted accordingly. We saw recent evidence of this process in action relating a recall of several batches of GlucaGen HypoKits, used in emergencies by patients with diabetes, with low blood sugar readings.

Overview of safety systems and processes

The practice had clearly defined and embedded systems and processes 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. There was a named lead and deputy responsible for safeguarding adults and child protection issues. The policies were accessible to all staff and had been reviewed in January 2016. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. All clinical staff, including registrars and medical students, together with the practice manager, were trained to level 3; and the remaining staff to level 1.
- Notices in the waiting area and consultation rooms advised patients that chaperones were available if required. The practice policy, which had been reviewed in January 2016, was available to all staff on the practice computer system. Administrative staff who performed chaperone duties had received appropriate training and

Are services safe?

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. We interviewed several staff members and discussed chaperoning. They had a clear understanding of the issue and their duties when acting as chaperones.

- The practice maintained good standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A contractor carried out cleaning in accordance with written cleaning schedules and checklists, posted in each room. The contractor's cleaning supervisor attended the practice each evening to confirm all tasks had been completed and regular cleaning audits were carried out. Clinical staff were responsible for cleaning their rooms during the day. The associate practice manager was the infection control lead and had received recent training appropriate to the role. The associate practice manager worked with two members of the nursing team to monitor infection control issues and feedback learning to all staff. We also saw records evidencing that all staff had received infection control training and noted that it was an area covered by the staff induction process. The infection control policy, together with the policies relating to clinical waste and general waste management, was reviewed and updated in June 2016. The practice liaised with the local infection prevention teams to keep up to date with best practice. The practice carried out infection control audits every six months, most recently in August 2016. The few issues highlighted by the audit had been actioned straight away. We saw that disinfectant gel was available and hand washing guidance was provided by posters throughout the premises. Clinical waste, including sharps bins, was appropriately and securely stored and was collected weekly and disposed of by a licensed contractor. The practice had a sharps injury protocol, last reviewed in April 2016, accessible on the shared computer system and guidance notices advising on procedures relating to sharps injuries available in the treatment and consultation rooms. Disposable curtains were used in the treatment and consultation rooms and had a note affixed of when they had been put up and were due to be changed. The practice had spillage kits and a sufficient supply of personal protective equipment, such as surgical gloves, aprons and masks. The healthcare assistants provided staff with refresher

training very two months. Spillages during the day were cleaned by a member of the landlord's staff, but staff we spoke with were aware of the appropriate procedures to follow should there be the need. We were told that a healthcare assistants cleaned equipment such as spirometer and nebuliser at the end of each day, but there was no documentary evidence of this. However, staff using the equipment cleaned it before and after each use. All medical instruments were single-use. A record was maintained of all staff members' Hepatitis B immunisation status.

- 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. These included the review of high risk medicines, with flags on patients' records to assist in monitoring their prescribing. The practice's repeat prescribing policy had been reviewed in June 2016. 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. The practice benchmarked its prescribing practice using data provided by the CCG. We saw that Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The use of PGDs was in accordance with current guidelines. The practice appropriately monitored and recorded stocks of medicines and vaccines, including those for home visits. One of the nurses or healthcare assistants monitored stock levels. The practice re-ordered supplies on a regular basis to avoid a build-up of stock if it was unused for a significant period. The practice's three vaccines fridges had been inspected, calibrated and certified in June 2016. The practice's fridge protocol had been reviewed at the same time. We saw that the fridge temperatures were monitored, using two thermometers, and recorded. All the medicines and vaccines we saw were within date and fit for use. No controlled drugs were kept on the premises.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to

Are services safe?

employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed. The practice shares the premises with a number of other healthcare services. The premises are managed by NHS Estates, which is responsible for maintenance and facilities. There were up to date health and safety and fire risk assessments in place, for the whole building, carried out by the landlord, and the practice had done its own risk assessments relating to its offices and clinical rooms in June 2016. The few items identified had been actioned promptly. The practices' health and safety policy had been reviewed at the same time. All staff had undertaken online annual fire awareness training and there were seven named fire marshals. Firefighting equipment was inspected annually. The practice carried out and logged weekly fire safety checks, which included testing the fire alarms. We saw that fire drills had been conducted. The annual inspection and calibration of medical equipment had been carried out in September 2016, under the terms of an annual maintenance contract, together with the annual inspection of portable electrical appliances (PAT Testing) being done in July 2016. The practice had a variety of risk assessments in place to monitor safety of the premises, including disability access, the Control of Substances Hazardous to Health (CoSHH), and legionella - a particular bacterium which can contaminate water systems in buildings. A contract was in place for the quarterly sampling and testing of the water supply at the premises and water temperature tests were done on a monthly basis.

Arrangements to deal with emergencies and major incidents

The practice had 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 were up to date with annual basic life support training and guidance was posted in all consulting rooms.
- The practice had a defibrillator available on the premises, with the pads in date and the battery charged ready for use. The practice had an emergency oxygen supply, a first aid kit and an accident recording book was used. We saw evidence that the equipment was checked on a weekly basis.
- The practice had a range of emergency medicines which were easily accessible to staff in a secure area of the practice; all staff knew of their location. All the medicines we checked were in date and stored securely. Supplies were logged and monitored. We saw that risk assessments had been carried out in relation to not maintaining emergency stocks of opiates and diclofenac, both higher risk painkillers.
- The practice had a detailed business continuity plan in place. The plan had been reviewed in January 2016. It contained emergency contact numbers for stakeholders, utilities providers and contractors. Staff contact details were kept separately and we discussed with the practice the benefit of having them recorded in the plan itself for quick access.

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. These included National Institute for Health and Care Excellence (NICE) best practice guidelines and those issued by the Camden CCG.

- The practice had systems in place to keep all clinical staff up to date and to provide them with information to help deliver care and treatment that met patients' needs. For example, we saw that the practice had a protocol for receiving and disseminating clinical guidance, such as those issued by the National Institute for Clinical Excellence (NICE). Guidelines were received and logged onto the practice's computer system. We saw that they were discussed at weekly clinical meetings. The guidelines and alerts were also printed and added to a central library file, which could be accessed by all staff, as well as by any locums. One of the practice nurses showed us recent examples, including guidance relating to wound care and the care of patients with diabetes. GPs showed us a protocol and template the practice had developed based on NICE guidance regarding viral-induced wheeze.
- 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. One of the GP partners had lead responsibility for monitoring performance, and they were supported by a targets manager and two administrators.

The most recently published results related to 2014/15 and were 95.8% of the total number of points available being 2.6% above the CCG average and 1.1% above to the national average. The practice's clinical exception rate was 9.9%, which was 2.3% above the CCG average and 0.7% above 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 that 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 95.7%, being 6.4% above the CCG average and 6.5% 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 Chronic obstructive pulmonary disease was 94.9%, being 0.5 above the CCG average and 1.1% below the national average.
- Performance for mental health related indicators was 82.8%, being 7.1% below the CCG Average, and 10% below the national average.

We discussed the figures with the practice. It had recognised that the performance in relation to mental health could be improved. The practice was investigating recruiting and sharing with a group of local practices a specialist mental health nurse. The practice participated in the Team Around the Practice (TAP) project with a local mental health trust, working closely with the trust's psychology team, providing co-ordinated care for patients, including those with personality disorders.

The practice provided us with data relating to 2015/16, which showed it was likely to achieve a slightly improved overall QOF score of 421.07 of the available 435 points for clinical domains, being 96.78%.

There was evidence of quality improvement including clinical audit to highlight where improvements made could be monitored. They included ones that had been initiated by the practice as well as a number by the local CCG. There had been 13 clinical audits carried out in the last 12 months. Of these, three were completed or ongoing repeat audits, and another was due to be repeated shortly after our inspection. We looked at the results of an audit of patients prescribed ten or more regular medicines. The audit identified 191 patients in this category, aged over-75 and the records of 50 were reviewed. Eighteen per cent of the audited medications were felt to now be inappropriate, and 44% of their prescribing was "stopped". Of all audited medications, 7.8% were stopped or changed as a result of

Are services effective?

(for example, treatment is effective)

the audit. Various other unnecessary medications were stopped during the audit, including emollients (non-cosmetic moisturisers) and glucosamine (a nutritional supplement).

Effective staffing

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

- The practice had a rota manager and we saw examples of staff rotas prepared six months in advance.
- The practice had a robust induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. All new staff were subject to a six month probationary period, which included one-to-one training relevant to their role and regular assessments.
- Although few locum GPs were needed, we saw that the practice had a suitable information pack for them to use. Most were regular locums and staff told us that a number of them had been registrars at the practice and were therefore familiar with its systems and processes.
- The practice could demonstrate how it ensured role-specific training and updating for relevant staff, for example diabetes and mental health care, safeguarding and infection control.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months. The practice used a “360–Degree” appraisal process whereby staff received confidential, anonymous feedback from both their manager and colleagues.

- Staff received training that included: safeguarding, fire safety awareness, basic life support, and information governance. Staff had access to and made use of a range of e-learning training modules and in-house and external 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. We saw several examples on various patients’ records which we reviewed with clinical staff.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice used systems, such as Co-ordinate My Care and the Camden Integrated Digital Record (“CIDR”) to share information with other providers involved in patients’ care.

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. Internal multidisciplinary team meetings (MDTs) took place weekly and there were monthly MDTs with other health care professionals on a monthly basis. Participants included, district nurses, health visitors, social workers, psychology and mental health professionals and the palliative care team.

Two social workers were based at the practice and were able to accept direct verbal referrals. Staff told us this promoted regular discussion about patients, as well as allowing a rapid response for vulnerable patients or if there was a safeguarding concern.

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. Staff had received training which included guidance on the Mental Capacity Act 2005.

Are services effective?

(for example, treatment is effective)

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Staff were able to demonstrate a familiarity with children's capacity to consent to treatment, which included consideration of the Fraser Competence Guidelines, relating to contraceptive or sexual health advice and treatment.
- The practice computer system contained appropriate templates for use in establishing patients' mental capacity to consent and to record action taken in the patients' best interest.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.
- We noted that patients' written consent was not sought in relation to joint injections. We discussed this with staff who agreed to forthwith implement a system for written consent to be obtained and recorded.

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. This included patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice had identified the smoking status of 79% of the patient list and offered smoking cessation advice to 99% of smokers.

The practice provided a dedicated service to a nearby higher education college, which included carrying out health checks and signposting to appropriate services, such as counselling and psychotherapy.

The practice's uptake for the cervical screening programme was 76.12% being approximately 3% above the CCG average. There was a policy to offer telephone reminders for all patients who did not attend for their cervical

screening test. The practice demonstrated how they encouraged uptake of the screening programme for those with a learning disability and it ensured a female sample-taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, with its results for both being comparable with CCG averages. 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.

The practice website had information about the winter flu vaccination programme, which was also publicised around the premises. The flu vaccination rates for patients identified as being at risk due to existing health conditions, for example diabetes, was 97.45%, higher than both the CCG and national averages. Childhood immunisation rates were above local averages. For example, rates for the vaccinations given to under two year olds ranged from 87% to 95% and for five year olds from 79% to 96%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 16-65 years. Data showed that 660 patients (65% of those eligible) had received an NHS health check; whilst 83% of patients aged over-16 had undergone blood pressure checks 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. The practice had a "Health Hub" in the waiting area allowing patients to access health checks, such as blood pressure monitoring, and chronic disease reviews with the healthcare assistants.

The practice provided a dedicated service to nearby hostels for the homeless, which included carrying out annual physical, mental health and social care reviews, covering issues such as smoking, diet, drug and alcohol use, medication, dental and visual problems and screening for blood borne virus infections, HIV, tuberculosis and sexually transmitted diseases, as well as providing immunisations.

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.
- All phone calls were handled in a private office, and could not be overheard in the patients' waiting area.

All of the 17 patient comments cards we received and the 12 patients we spoke with were positive about the service experienced. The cards and the patients we spoke with highlighted that staff responded compassionately when they needed help and provided support when required. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

The practice's satisfaction scores recorded by the GP patients' survey on consultations with GPs and nurses were comparable with local averages. For example -

- 83% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 85% 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 94% and the national average of 95%.
- 80% of patients said the last GP they spoke to was good at treating them with care and concern, compared to the CCG average of 83% and the national average of 85%.
- 80% of patients said the last nurse they spoke to was good at treating them with care and concern, compared to the CCG average of 87% and the national average of 91%.

In addition, 92% of patients said they found the receptionists at the practice helpful (CCG 87% and national 87%).

We saw that the practice monitored the results of the GP patients' survey, together with the Friends and Family Test. It checked and responded to reviews left by patients on the NHS Choices website and carried out detailed analysis of patient feedback.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey regarding patients' involvement in planning and making decisions about their care and treatment were generally comparable with local and national averages. For example -

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Letters inviting patients with learning disabilities for annual reviews used suitable easy-read language with pictures.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

There were notices and patient leaflets waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs when a patient was recorded as being a carer. The practice had identified 231 patients as carers, being approximately 1.12% of the practice list. One of the reception staff was "Carers' Champion", who acted as the first point of contact for patients and was able to provide them with information and guidance. The practice had produced a carer's pack and there was written information available in the waiting area and on the practice website to direct carers to the various avenues of support available to them. In addition, five staff members were designated 'dementia friends' with

additional training and knowledge of caring for patients with dementia. They provided support and advice to other staff members in helping care for patients suffering from dementia.

Staff told us that if families had suffered bereavement, their usual GP contacted them by post, offering a face-face or telephone consultation. We saw that information about bereavement and support services was available in the waiting area and on the practice website.

There was a Freephone service in the reception area allowing patients to call taxis and contact support groups such as ICOPE, Mind (both providers of mental health support) and Age Concern.

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. One of the partner GPs is the mental health lead for the CCG.

- Early morning appointments were available from 7.30 am on Mondays, Wednesdays and Thursdays; with late appointments up to 8.00 pm available on Tuesday and Thursdays, for patients not able to attend during normal working hours.
- Emergency consultations were available for children, with a walk-in service for under-1s, 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.
- Telephone consultations were available for working patients. These were usually provided within 48 hours of the request.
- There were disabled facilities, including a hearing loop, and all consultation rooms had step-free access. There were baby-changing and breast feeding facilities available.
- An interpreting service was available. Staff members were able to provide assistance to patients whose first languages were French, Eritrean, Sinhalese, Welsh, Cantonese, Portuguese, Spanish, Polish, German, Hindi, Urdu, Bengali, Gujarati, Sinhala, Bemba, and Nyanja.
- Appointments could be booked, and repeat prescription requested, online. There was a 24-hour automated phone booking system.

Access to the service

The practice reception operated Monday – Friday between 8.30 am and 6.30 pm. Appointments, including extended hours, were available between the following times -

Monday 7.30 am to 6.30 pm

Tuesday 8.30 am to 8.00 pm

Wednesday 7.30 am to 6.30 pm

Thursday 7.30 am to 8.00 pm

Friday 8.30 am to 6.30 pm

Routine appointments were 12 - 20 minutes long, although patients could book double appointments if they wished to discuss more than one issue. Appointments were offered up to six weeks in advance. Patients could request urgent appointments, when a receptionist would note the patient's contact details and their health needs and pass them to the duty GP to triage and phone the patient back. If they had previously registered for the system, patients could also book appointments and request repeat prescriptions online. The practice also operated a 24-hour automated telephone booking service. Home visits were available for patients who for health reasons are not able to attend the practice.

The practice closed at weekends, but a number of weekend appointments were available under a local scheme operating at three locations across the borough. The practice had opted out of providing an out-of-hours service. Patients calling the practice when it is closed were connected with the local out-of-hours service provider. There was information given about the out-of-hours provider and the NHS 111 service on the practice website. Information was given in the practice leaflet regarding the two urgent care centres operating in the borough.

Although most of the 17 patients' comments card we received were positive about access to the service, three patients' cards mentioned there sometimes being delays in getting appointments; one specifically referred to early or on the day appointments and another to general non-urgent appointments. The third card mentioned that if their need was urgent a GP always phoned them to discuss the problem. Four cards mentioned that improvements to the appointments system had been made. Two of the patients we spoke with also mentioned problems getting appointments and six said they had experienced delays in being seen at their appointed times.

The results of the GP patient survey showed the practice scored below average regarding access to the service, for example -

- 65% of patients found it easy to get through to this practice by phone compared to the CCG average of 76% and the national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

- 74% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and the national average of 85%.
- 35% of patients usually getting to see or speak to their preferred GP compared to the CCG average of 53% and the national average of 59%.

The practice continually reviewed performance and it had identified these issues from its monitoring of patient feedback, complaints, NHS Choices reviews and from a survey carried out by the Patient Participation Group (PPG). It had put in place an action plan, which included the introduction of the automated telephone booking service and releasing appointments on a weekly basis. Other actions included increasing the number of reception staff on duty at busy times; making more use of telephone and email consultations; expanding the skills mix of staff, including the appointment of a physician associate, and by introducing flexible-length consultations. A second physician associate was due to start at the practice shortly after our inspection and there was an ongoing recruitment drive for practice nurses.

The practice had worked with its patient participation group to improve continuity of care. The clinical team had been split into three sub-teams, so GPs could become more familiar with each other's patients. This was considered to be particularly important for vulnerable patients and those with long term conditions.

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

We saw that 72 complaints had been made since the beginning of 2015. The complaints were satisfactorily handled, dealt with in a timely way, with openness and transparency. They were closely monitored and discussed at weekly business meetings and reviewed on an annual basis. Summaries were also shared and discussed with the PPG. The complaints were analysed in detail to identify any trends and action was taken as a result to improve the service and quality of care. For example, a patient had booked a Saturday appointment at one of the three locations in the borough, but was told on arrival that all appointments that day had been cancelled and GPs notified. The practice investigated the matter, including listening to the recorded phone call between the patient and the receptionist who made the booking. It identified that the receptionist had given the wrong location to the patient. The Saturday service was new at the time and the reception team were still learning the process. All reception staff were informed of the need to ensure accurate information was given to patients. In another case, the recorded message for the automated booking system was changed for being unclear, following complaints by patients who had inadvertently booked appointments with GPs rather than with nurses for routine screening checks.

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. Its ethos was set out on its website and included in the practice's statement of purpose, as follows -

- “We aim to provide excellent patient care in a welcoming and accessible environment and will strive to reverse the Inverse Care Law.
- We will stay committed to the NHS, maintain an open list and provide as wide a range of services on-site as possible.
- We will have a significant educational role and will be adventurous and 'leading edge' in our development.
- We will work and train in integrated teams with other professionals and will strive to meet most reasonable targets.
- We aim to have a happy and loyal workforce and to maintain financial security.”

Staff we spoke with were familiar with the ethos and fully supported it.

Governance arrangements

One of the partner GPs was the lead on governance issues. 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 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.
- The practice monitored the results of the GP patients' survey, together with the Friends and Family Test. It checked and responded to reviews left by patients on the NHS Choices website and ran its own patient surveys.
- A programme of clinical and internal audit relating to prevalent health issues 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. We were told they prioritised safe, high quality and compassionate care. Staff told us the partner GPs and practice management 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 patients 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 the partner GPs and practice management.

- Each of the three clinical teams met on a weekly basis and there were also weekly business meetings; senior managers and nurses meetings were held every fortnight; and there were monthly meetings of partner GPs, all doctors, GP trainers and the administrative and reception teams. We noted that clinical team meetings were often recorded by hand-written minutes. We discussed with staff that typed notes would be preferable for ease of reference and disseminating information across the practice.
- 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. All staff were involved in discussions about how to run and

Are services well-led?

Good 

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

develop the practice, and the partner GPs and practice management encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

- The practice held monthly Balint Group meetings, led by an outside psychologist and open to all staff, to discuss and provide support in relation to difficulties posed by doctor-patient relationships.

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 suggestions box in the reception area and the practice website had a facility to submit comments, suggestions and complaints online. The practice carried out detailed analyses of complaints directly received, as well as comments left by patients on the NHS Choices website, and had produced action plans to address patients' concerns.

The practice also gathered feedback from patients through the patient participation group (PPG). The PPG was made up of 15 to 20 regular members who attended meetings every two months. The chair and vice-chair of the PPG met with the practice more frequently. There was a wider group of 65 patients who participated by email. One PPG member was also involved with the Camden Public Participation and Engagement Group and was able to feedback wider-ranging information to the practice PPG. We spoke with the two PPG members during our inspection. They were positive regarding the group's engagement with the practice. The PPG had carried out patients surveys regarding the nurses' service at the practice and of patients' experience of the reception team. The PPG had also been assisted by the practice in setting up a support group for cancer patients and carers and one for patients with diabetes.

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 saw that the practice had carried out a staff survey in May 2016, with positive results. The practice arranged frequent social events for staff.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. It is a teaching practice training significant numbers of registrars (qualified doctors gaining general practice experience), medical and nursing students.

The practice would shortly be introducing a "Year of Care" assessment tool for caring for patients with diabetes and chronic obstructive pulmonary disease. This will help ensure that all patients called in for their reviews would have the relevant checks completed beforehand to allow a complete and timely assessment of their needs. The system will be extended to cover patients with other long term conditions to book them into appropriate clinics and manage the recall process. It will generate letters in an accessible format, including in languages other than English and in easy-read versions.

The practice had received a national award in 2014 in recognition of establishing three clinical teams to improve continuity of care for patients. It was currently facilitating and supporting the settling up of a similar project for another CCG.

The practice had taken part in various pilot schemes, including the Team Around the Practice project with a local mental health trust, working closely with the trust's psychology team, providing co-ordinated care for patients, including those with personality disorders.