

# St Philips Medical Centre

## 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?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Key findings

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## Letter from the Chief Inspector of General Practice

St Philips Medical Centre was registered with the Care Quality Commission as a new partnership on 10 November 2017. The partnership was formed as part of an improvement plan to address concerns of continuing non-compliance with regulations identified at CQC inspections of the St Philips Medical Centre location when it was registered under a previous provider, Dr Rajan Olof Magnus Naidoo. The new partnership was formed by the addition of two new GP partners to the practice from a neighbouring practice, Holborn Medical Centre, to join Dr Naidoo, as a third partner. Although the new partnership was registered in November 2017, the new partners have been carrying on regulated activities at St Philips Medical Centre since July 2017 in the implementation of the improvement plan.

The full comprehensive reports on inspections of the practice under the previous provider in November 2015, August 2016 and April 2017 can be found by selecting the 'all reports' link under the archived section for St Philips Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection, carried out on 23 November 2017, was an announced comprehensive inspection to review in detail the actions taken by the new partnership practice since our April 2017 inspection of the previous provider to improve the quality of care and to confirm that the provider was now meeting legal requirements.

Overall the practice is rated as good.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students) – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

Our key findings were as follows:

- The new partnership had made significant progress in implementing an improvement plan in response to our inspection of the practice under the previous provider on 20 April 2017. Concerns we identified had been or were in the process of being addressed.

# Summary of findings

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. Lessons learned were communicated effectively throughout the practice.
  - There were systems, processes and practices to keep patients safe and minimise the risk of harm.
  - Action had been taken to improve recruitment processes, especially in relation to pre-employment checks.
  - Staff had the skills, knowledge and experience to carry out their roles.
  - The practice could demonstrate that it used information about its performance to monitor and improve the quality of care. For example, the practice now fully participated in the Quality and Outcomes Framework (QOF) but recognised there was further work to be done to achieve its aim of high scores in all QOF indicators.
  - There was evidence of a regular multidisciplinary approach to patient care and treatment.
  - The practice carried out clinical audit and there was evidence of completion of the full audit cycle to show improved patient outcomes.
  - The practice promoted good health and prevention and provided patients with advice and guidance. The practice had initiated care plans for older people (aged 75+) and at risk groups such as those with chronic mental health issues.
  - Patients were positive about their interactions with staff and said they were treated with compassion, dignity and respect.
  - An independent survey commissioned by the practice identified the need for action to improve patient confidence in clinical staff and an action plan was in place for this.
  - The practice had an effective system for proactively identifying patients who were carers to offer them additional support.
  - There was an effective complaints system in place and there was documentary evidence that learning from complaints had been shared with staff.
  - Leaders had the capacity and skills and a clear vision and credible strategy to deliver high-quality, sustainable care and promote good outcomes for patients.
  - Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
  - The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
- However, there were also areas of practice where the provider needs to make improvements.
- The provider should:
- Continue action to improve QOF performance in all areas.
  - Monitor and review action taken to improve patient screening under NHS Health checks.
  - Keep under review action to address lower than average results from independent patient surveys.
  - Continue to review the system for the identification of carers to ensure all carers have been identified and provided with support.
  - Continue action to improve uptake of childhood immunisations and cervical screening.
- I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service.

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

# Summary of findings

## The six population groups and what we found

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

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

# St Philips Medical Centre

## 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, a second CQC inspector and an Expert by Experience.

## Background to St Philips Medical Centre

St Philips Medical Centre provides primary medical services through a General Medical Services (GMS) contract. The practice is located within the London Borough of Westminster in central West London but is contracted to provide GP services by NHS Camden Clinical Commissioning Group. The services are provided from a single location within premises leased from the London School of Economics (LSE). There are historical reasons for this location as it grew out of a former University of London

health centre. Although most patients are students at LSE, the practice is also contracted to provide NHS services to the local population. There are about 9,800 patients registered with the practice, with a high annual turnover as many are postgraduate students who move away from the area after their year of study is complete.

The practice is open between 8:30am to 6:30pm Monday to Friday. Appointments were from 9:30am to 12:30pm every morning and from 1:30pm to 6:30pm daily.

At the time of our inspection, there were three GP partners, and eight locum GPs. They were supported by a part-time nurse, health care assistant, practice manager, finance manager and operations manager and a group of full-time and part-time administrative staff at the practice.

There are also arrangements to ensure patients receive urgent medical assistance when the practice is closed. Out of hours services are provided by a local provider. Patients are advised to call 111 who will direct their call to the out of hours service to provide telephone advice or make a home visit.

# Are services safe?

## Our findings

**At our inspection on 20 April 2017, when the practice was registered under the previous provider, we rated the practice as requires improvement for providing safe services as the arrangements in respect of incident management, medicines management and pre-employment recruitment documentation were not adequate.**

**These arrangements had significantly improved when we undertook a follow up inspection of the practice under the new partnership provider on 23 November 2017. The practice is now rated as good for providing safe services.**

### Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required and risk assessments were in place for those staff for whom it was deemed a check was not necessary. (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).

- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control (IPC). There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and action was taken to address any improvements identified.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. We saw evidence of the most recent portable appliance test (PAT) and medical equipment calibration tests completed in February 2017. There were systems for safely managing healthcare waste.

### Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff which was tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- The landlords of the building were responsible for carrying out annual health and safety and fire risk assessments and we saw the records for this. This included a rolling programme of fire drills for the whole building so that all areas were covered within the course of a year, including the practice premises. The building landlords also had a variety of other risk assessments in place to monitor safety of the premises such as a legionella assessment.
- To reduce health and safety risks the practice manager had been made responsible for the organisation and control of the maintenance of the practice premises. This included the scheduling of the routine maintenance visits, liaison with other building users, and the organisation of repair works. Staff had been

# Are services safe?

allocated tasks to implement emergency checks and to monitor the annual review dates and make the necessary arrangements for any maintenance work to be carried out.

## Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

## Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines. The practice had completed a comprehensive medicines management review and developed a number of new protocols for the management of medicines, including a policy on controlled drugs. At the inspection, however, we were told controlled drugs were no longer held at the practice.

## Track record on safety

Under the new practice partnership the practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. The practice had reported six significant events in the past 12 months. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- There was documentary evidence of the discussion and action agreed in communicating lessons learned from incidents to practice staff. For example, we saw the practice meeting minutes recording discussions of a significant event where 3000 letters had been found that may not have been actioned or scanned on to patient records. A document review protocol was established, all patient records were reviewed by administrators and at the time of our inspection only 40 documents needed a final review by a GP which was to be completed in the following week. Four patients needed follow up and the practice had identified no obvious patient harm at this stage. All incoming correspondence was now scanned on the practice's document management system and forwarded to GPs to review, and then automatically sent to coders to code.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.



# Are services effective?

(for example, treatment is effective)

## Our findings

**At our previous inspection on 20 April 2017, when the practice was registered under the previous provider, we rated the practice as inadequate for providing effective services as the arrangements were deficient in respect of the dissemination of NICE guidelines within the practice; care planning for patients over 75 and those with chronic mental health issues; the use of QOF information to review performance and improve quality; multidisciplinary working; childhood immunisation rates; and the uptake of cervical screening.**

**These arrangements had significantly improved when we undertook a follow up inspection of the practice under the new partnership provider on 23 November 2017. However, the practice needed to demonstrate further improvement in QOF performance; childhood immunisation rates; and the uptake of cervical screening. The practice is now rated as requires improvement for providing effective services.**

### Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

The practice had initiated action to introduce care plans for patients who would benefit from coordinated care and multidisciplinary input, for example patients over 75 and patients with chronic mental health issues.

#### Older people:

- The practice has a very small population of older people relative to the total list size. Only 1% of the practice population was aged 65 years and older (83 patients) and there were only 17 patients above 75 years of age.

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. All patients over 75 had had a comprehensive notes review in the last 6 months, with a view to reviewing medication and past medical history and arranging relevant blood tests with a view to attendance for care planning appointments. Of these 17 patients, to date six patients had been recalled for a health check and had comprehensive care plans completed in their notes. If necessary they were referred to other services such as voluntary services.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

#### People with long-term conditions:

- For patients with the most complex needs, the GPs worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice had re-activated QOF since the formation of the new practice partnership and was committed to scoring close to maximum QOF scores for patients with long term conditions using structured reviews and care planning.
- An improvement action plan was in place and steps were being taken by the practice to secure high QOF outcomes. For example, the practice had used Camden CCG long Term Conditions searches to identify several patients with Chronic Kidney Disease (CKD) that had not been coded previously. They then recalled these patients with a view to tight monitoring of blood pressure. The practice had also installed a new document management system and had recruited coders to improve coding of chronic diseases.

#### Families, children and young people:

- The practice had a small population of children under 18, relative to the total list size. Only 1% of the practice population was aged 18 years and under (166 patients); of this group only 61 children were in the 0-5 years age group.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. The practice was implementing more optimized searches to ensure pro-active recalls for children (and new mothers)



# Are services effective?

## (for example, treatment is effective)

for child health development, post-natal checks and childhood vaccinations. We were told there were difficulties in completing vaccination schedules that had been commenced abroad, but the practice actively tried to book patients in with the practice nurses to review existing vaccination schedules and adopt the UK vaccination schedule, whilst the child was in the UK. The practice also experienced difficulties in completing UK vaccination schedules up to five years old if the child left the UK before that age. However, the practice was taking action to address this issue. All children born to mothers registered at the practice who were themselves registered, had received their first course of primary vaccinations.

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

- The practice's uptake for cervical screening in the last 12 months was 32%, which was below the 80% coverage target for the national screening programme. The practice had, however, identified shortcomings in its smear management protocols and had put measures in place which it anticipated would improve uptake.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- The practice provided services to a large population of students from LSE (London School of Economics) and offered a variety of access to these students including face-to-face appointments, telephone consultations and email access. The practice was also exploring online consultation platforms with its 'Neighbourhood' of practices to further improve access. The practice liaised closely with LSE student support services, such as counselling to provide joined-up care. Since the formation of the new practice partnership they offered on campus health promotion and registration events at the student campus and fresher's fairs to promote health, explain how UK primary care works to students from abroad, and provide advice regarding pertinent issues such as mental and sexual health.
- Given the practice's significant student demographic it had recruited nurses to offer enhanced sexual health screening. The practice had also recruited an experienced salaried GP, who was due to start in January 2018, who could fit contraceptive implants and intrauterine contraception.

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. The practice recognised that the number of patients screened with NHS Health checks was low and this was because no active recall had been carried out and there had been no nurse training in NHS health checks. To address this, three nurses had been recruited as well as a Healthcare Assistant who worked across both St Philips Medical Centre and Holborn Medical Centre to provide NHS Health Check clinics which had been set up every Thursday to improve screening figures.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and those receiving palliative care. There were alerts on the practice's computer system identifying these patients.
- The practice cared for 21 patients in a residential project for vulnerable or former homeless people. The practice worked with multi-disciplinary teams of psychiatrists, social workers, support workers and the building manager to help deliver care to these patients. The practice had pro-actively recalled many of these patients to attend for mental health and care planning reviews.

People experiencing poor mental health (including people with dementia):

- The practice had re-activated QOF since the formation of the new practice partnership and was committed to scoring close to maximum QOF scores for patients experiencing poor mental health (including people with dementia)
- There was only one patient on the practice register diagnosed with dementia. They had had their care reviewed in a face to face meeting in the previous 12 months.
- The practice specifically considered the physical health needs of patients with poor mental health and those

# Are services effective?

## (for example, treatment is effective)

living with dementia. For example, the one patient with a dementia diagnosis had been reviewed regularly by psychiatrists, community heart failure teams and their GP to optimise their care.

- The practice had been in close liaison with iCOPE (psychological services) in Camden and now had a psychological wellbeing practitioner allocated to the surgery, which provided access to in-house mental health support for both students and those of working age.
- LSE had its own student counselling service and the practice liaised closely with them to provide enhanced care for students experiencing mental health difficulties at LSE.
- With the aim of scoring highly on QOF for mental health indicators, the practice had initiated the review and recall of patients on its mental health and depression registers. The practice was auditing all patients on its severe mental health register and triaging these patients to ensure the most vulnerable patients were reviewed first and had active mental health care plans, and appropriate follow-up. The practice was also working closely with its 'Neighbourhood' practices to utilise a severe mental illness (SMI) nurse to review patients on its SMI register with chronic mental health problems, using a care planning approach.
- At weekly clinical meetings and multidisciplinary team meetings, the practice discussed vulnerable/at risk patients, for example those with mental health problems and dementia. Patients with particular health needs such as dementia were coded under the complex care pathway and a multi-disciplinary approach was adopted to optimise their care involving memory clinics, psychiatrists (where indicated) and GP/Nurse input.

### Monitoring care and treatment

At our inspection of 23 November 2017, we found the practice had re-activated QOF since the formation of the new practice partnership and was committed to scoring close to maximum QOF scores. Regular audit of QOF performance was now in place alongside an improvement action plan and the practice anticipated continuing improvement by the end of the 2017/18 performance year up to the end of March 2018. For example, action included proactive flu vaccination and cervical smear recalls; nurse-led patient recalls and coding for patients on the practice's diabetic register, including recall for blood and

other tests; assignment of nursing staff to lead on areas such as blood pressure monitoring, obesity reviews and contraceptive services; and practice manager and operations manager coordination of across practice QOF organisational management including the recruitment of coders and summarisers to help improve QOF data management.

The practice now had a comprehensive programme of quality improvement and activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate clinicians took part in local improvement initiatives and benchmarking with the CCG, for example, audit of prescribing with the CCG Medicine Optimisation Team.

The practice provided a selection of audits which included three practice-initiated two-cycle audits, and a single cycle audit. We saw that the practice routinely audited its minor surgical procedures, Intrauterine Contraceptive Device (IUCD) fitting and contraceptive implants after patient follow-up.

The practice used information about care and treatment to make improvements. For example, audits had been used to ensure all patients prescribed anti-coagulation medicine were under anti-coagulation clinics and the practice had seen their medicine monitoring book.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

# Are services effective?

(for example, treatment is effective)

## Coordinating care and treatment

The practice had taken steps to foster more regular participation in multidisciplinary working and we saw examples of this aligned to weekly clinical meetings where patients were discussed according to a set pro forma.

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- Regular locum doctors were now systematically informed of the outcome of hospital referrals or the results of tests they initiated.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

## Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- All two week waiting cancer referrals were now emailed by e-referral and confirmed as arrived by email. Cancer audits were carried out at two-weekly intervals to ensure patients that were originally referred under the two week rule had been seen and follow up action taken as appropriate.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity, bowel and breast cancer screening.

## Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

# Are services caring?

## Our findings

**At our inspection on 20 April 2017, when the practice was registered under the previous provider, we rated the practice as requires improvement for providing caring services as the practice's computer system was not set up to alert GPs if a patient was also a carer and consequently the practice had not proactively identified such patients to offer them additional support as carers.**

**At our follow up inspection of 23 November 2017 of the practice under the new partnership provider we found that these arrangements had significantly improved. The practice's computer system was now set up to alert GPs if a patient was also a carer and a carer's register had been introduced. The practice is now rated as good for providing caring services.**

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 37 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

The practice had commissioned an independent 'improving practice survey', which was completed in November 2017 as part of its drive to engage more with patients in seeking feedback. Generally from a sample of 206 patients, the practice's satisfaction scores were in line with scores for practices of a similar size, including the overall score of 72%. The main area below average was in relation to patient confidence in the ability of doctors/nurses (78% compared to 82%). As part of the action plan in response the practice had recruited two experienced

salaried GPs who were due to start in January 2018 to reduce the usage of locum GPs. These GPs would provide a wider skill mix and greater breadth of experience than the practice currently had in place.

We saw that results of the NHS Friends and Family Test were displayed in the waiting area. The results for October 2017 showed that 93% (29 surveys) would be extremely likely or likely to recommend the surgery. This compared favourably with the national GP patient survey where 79% of patients said they would recommend this surgery to someone new to the area (CCG average 79%; national average 77%).

### Involvement in decisions about care and treatment

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

- Staff told us that translation services were available for patients who did not have English as a first language but this was rarely used as the vast majority of patients spoke good English. If patients needed help in translation, staff spoke several different languages including Swedish, French, Spanish, Arabic, Russian and Portuguese.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice had conducted a carers audit and now proactively identified patients who were carers and had put in place a carers register. The practice's computer system alerted GPs if a patient was also a carer. Despite a thorough review of patient records the practice was only able to identify eight patients as carers (0.1% of the practice list). The practice explained the main reason for the low numbers of carers identified was the low prevalence of chronic disease and paucity of elderly patients on the practice list. However, as an ongoing process, the practice discussed carer identification and coding in clinical meetings and hoped to continue to identify carers moving forward.

## Are services caring?

- The practice ensured that the various services supporting carers were coordinated and effective. Carers were signposted to Camden Carers, the patient registration form had been reviewed to capture information about carers and poster and carers information pack placed at reception.
- Staff told us that if families had suffered bereavement, a GP contacted them to provide support and give them advice on how to find a support service. For example, patients were advised to contact a charity which offered a range of bereavement support and counselling services.

The results from the practice commissioned independent 'improving practice survey' showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998 and was registered with the Information Commissioner's Office (ICO) which is a mandatory requirement for every organisation that processes personal information.
- We saw that staff had undertaken or were in the process of completing information governance training.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**At our previous inspection on 20 April 2017, when the practice was registered under the previous provider, we rated the practice as requires improvement for providing responsive services as there was no formal planning to address the identified needs of patients in determining the way services were delivered; limited coordination of care and treatment with other services; and limited documentary evidence that learning from complaints had been shared with staff.**

**These arrangements had significantly improved when we undertook a follow up inspection of the practice under the new partnership provider on 23 November 2017. The practice is now rated as good for providing responsive services.**

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. (For example extended opening hours, online services such as repeat prescription requests and advanced booking of appointments).
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, there were disabled facilities available, including wheelchair access, a lift and a disabled toilet.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

#### Older people:

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

- The practice had established a frailty register and patients on this register had been recalled for care planning appointments to review their physical, mental and social care needs. This included a review of medication.

#### People with long-term conditions:

- The practice was in the process of overhauling the whole approach to care planning for this group with a view to a 30-45 minute initial appointment with a nurse to review and investigate all the patient's long term conditions in one sitting. Following this a care planning document would be sent out to the patient to reflect upon, followed by an extended nurse or GP appointment with a view to personalised care planning.
- The practice offered blood pressure monitoring, and spirometry (device to diagnose asthma, chronic obstructive pulmonary disease (COPD) and other conditions that affect breathing) for its patients.
- The practice held regular meetings with local multidisciplinary teams to discuss and manage the needs of patients with complex medical issues.

#### Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- The practice had reviewed safeguarding protocols and carried out an extensive clinical notes review of all children under the age of 18 to ensure that there were no obvious safeguarding issues or codes that had been overlooked. The practice had also liaised with health visitors and child protection teams both in Camden and Westminster to ensure there were no other children who had been overlooked.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to



# Are services responsive to people's needs?

## (for example, to feedback?)

ensure these were accessible, flexible and offered continuity of care. For example, access to local hub service providing extended weekday and weekend opening hours.

- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and those receiving palliative care.
- The practice cared for 21 patients in a residential project for vulnerable or former street homeless people. The practice had worked with social workers, support workers and other services in delivery care to these patients. The practice had also carried out a pro-active assessment of housebound patients at the project with a visiting team of one GP and two nurses to undertake health reviews, health promotion and care planning reviews of these patients in November 2017.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. We saw the practice held a register of its patients in this group and extended appointments were offered.

### Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Observations on the day of inspection, completed comment cards and a practice commissioned independent survey indicated that patients were satisfied with how they could access care and treatment.

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Seven complaints were received in the last year. We reviewed all seven complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. We saw that complaints were reviewed in practice meetings and recorded in the meeting minutes, including an overview of outcomes and lessons learned.



# Are services well-led?

Good 

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

## Our findings

**At our previous inspection on 20 April 2017, when the practice was registered under the previous provider, we rated the practice as inadequate for providing well-led services as the practice did not have appropriate arrangements in place to assess, monitor and improve the quality and safety of the services provided, including formal governance arrangements and fully developed systems for assessing the quality of the experience of service users in receiving those services.**

**In response to enforcement action we took against the previous provider the new practice partnership put in place a comprehensive action plan to address the deficiencies found previously. We found these arrangements had significantly improved when we undertook a follow up inspection of the service on 23 November 2017. The practice is now rated as good for being well-led.**

### Leadership capacity and capability

At our inspection of 23 November 2017 we found the new practice partnership had implemented a comprehensive package of measures to strengthen the leadership capacity, capability and governance. There were now three GP partners supported by additional GP, nurse and management resources drawn from the Holborn Medical Centre, including practice manager and additional administrative support.

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

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

### Culture

The practice had a culture of high-quality sustainable care.

- Staff we spoke with stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and training updates. All staff due one had received an annual appraisal in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- The practice actively promoted equality and diversity. The majority of staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

### Governance arrangements

# Are services well-led?

Good 

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

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

- Structures, processes and systems to support good governance and management were now clearly set out, understood and effective.
- Regular minuted practice team and clinical governance meetings were in place and lessons learned from significant events and complaints were communicated at them. Long term locum doctors, previously not formally included in clinical governance now attended weekly clinical meetings for discussion of clinical cases. A system was also in place to help keep them informed of the outcome of hospital referrals and investigations they requested, such as blood and other pathology tests.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

## Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had put in place arrangements to address potential risks about the continuing registration of patients who had moved away from the practice vicinity. The practice list had been cleansed, overseas patients and others who had moved away removed and the number of patients registered reduced by approximately 2000.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Arrangements to ensure a comprehensive understanding of the performance of the practice was maintained were now in place. The practice had re-activated QOF since the formation of the new practice

partnership and now systematically used and regularly audited the data to gain an understanding of the performance of the practice. However, the practice recognised there was further work to be done to achieve its aim of high scores in all QOF indicators.

- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

The practice had recently established a Patient Participation Group (PPG) and the first meeting had taken place. Feedback from PPG members we spoke with was positive about engagement with the practice. The practice

# Are services well-led?

Good 

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

had also commissioned an independent 'improving practice survey' where feedback was received from 206 patients and had implemented an action plan to address key issues raised.

Staff had improved opportunities through the regular meetings structure now in place to voice views and concerns which were encouraged, heard and acted on to shape services and culture.

The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

There was a systematic focus on continuous learning and improvement within the practice.

- There was now a focus on continuous learning and improvement at all levels within the practice. For

example, the practice had recently bid (albeit unsuccessfully) for funding to provide for on-line consultations for students and working age people. Since the new partnership had been formed, the practice had contacted the LSE to offer student health advice such as on campus health promotion and registration events at the student campus and fresher's fairs to promote health, explain how UK primary care works and provide advice regarding pertinent issues such as mental and sexual health.

- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.