# Camden Health Improvement Practice

## Quality Report

Camden Health Improvement Practice
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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

## Contents



## Overall summary

**Letter from the Chief Inspector of General Practice**

We carried out an announced comprehensive inspection at Camden Health Improvement Practice on 05th January 2017. Overall, the practice is rated as good.

Our key findings across all the areas we inspected were as follows

- There was an effective system in place for reporting and recording significant events. Incidents were reviewed by the provider's Risk and Assurance Team at the charity's headquarters.
- 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.
- There were a range of quality and safety audits carried out based on the provider's Internal Quality Assessment Tool.
- The practice provided a range of evidence based services designed to meet the needs of the patients served by the practice.
- A health navigator was employed by the practice, funded by the local CCG to support patients to ensure they attended hospital or other appointments. Patients released from prison or a mental health hospital sometimes needed help to understand where and how to access services.
- The practice liaised with the Camden out of hour's service (OOH). The practice received information daily about patients who had attended the out of hour's service overnight and they alerted the OOH service about any patients concerns identified during the day.

# Summary of findings

- GPs and nurses told us they encouraged patients to have tests, investigations and treatment. They said it was important to respect patient's wishes if they declined to have a test or treatment even if they were at risk of developing a condition.
- GPs and nurses told us they used every opportunity they saw patients to check their general health.
- One doctor co-ordinated the care for patients approaching the end of life. The practice held a palliative care register. The care of patients on the register was discussed a clinical review meetings
- Patients' needs were discussed at a weekly meeting. Patients' clinical and social needs were discussed.
- The practice employed a locum GP with funds from a homeless charity visiting homeless patients on the street and in hostels.
- The practice had a bank of locums they could call on to cover sessions during periods of sickness or other absences.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Nursing staff had access to professional supervision.
- The practice could organise appointments for patients up to a year ahead. This meant patients could be monitored frequently for example to review their medicines.
- Reception staff kept an appointment slot free for emergencies in each of the afternoon clinic sessions. Nurses also help one urgent slot for seeing patients urgently.
- The appointment system was designed to allow patients to access service by use of drop in clinics.
- An on site phlebotomy so that patients did not have to go somewhere else they not know for tests.
- The practice analysed the complaints received identified any lessons learned and monitored any trends and actions taken to as a result to improve the quality of care.
- There was a range of quality and safety audits carried out based on the provider's IQAT (Internal Quality Assessment Tool.
- The practice was participating in a safety improvement programme which developed capacity within the practice to pursue quality improvement.

The areas where the provider should make improvement are:

- The practice should ensure blank prescription forms are kept in a locked area at all times.
- Cupboards where clinical equipment is stored should be locked.
- The practice should review Patient Group Directions which are beyond review date and ensure all PGDs are signed.
- The provider should carry out a comprehensive risk assessment of security or staff and patients at the service.
- The practice should ensure staff complete all mandatory training.

**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?**

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- All incidents were reviewed by the provider's Risk and Assurance Team at the charity's headquarters. The charity monitored incidents at all their service locations, providing the practice with feedback and trend analysis.
- 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.
- There were a range of quality and safety audits carried out based on the provider's IQAT (Internal Quality Assessment Tool) which covered infection control, health and safety issues, monthly housekeeping checks. The service was audited externally every two years by a contractor appointed by the provider to review compliance with their policies.

**Are services effective?**

Good

The practice is rated as good for providing effective services.

- The practice provided a range of evidence based services designed to meet the needs of the patients served by the practice.
- A health navigator was employed by the practice funded by the local CCG supported patients to ensure they attended hospital or other appointments. Patients released from prison or a mental health hospital sometimes needed help to understand where and how to access services.
- The practice liaised with the Camden out of hour's service (OOH).
- GPs and nurses told us they used every opportunity they saw patients to check their general health.
- The practice limited the supply of some medicines to 28 days to encourage the patient to return for follow up and review.

# Summary of findings

- One doctor co-ordinated the care for patients approaching the end of life.The practice held a palliative care register. The care of patients on the register was discussed a clinical review meetings
- Patients' needs were discussed at a weekly meeting.Patient's clinical and social needs were discussed.
- The practice collected limited information for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. The conditions patients had did not fit the quality outcomes framework because of the large number of drug users and patients with personality disorders.Only a third of patients registered at the practice were included on the long term condition registers.
- The practice employed a locum GP with funds from a homeless charity visiting homeless patients on the street and in hostels.
- Mandatory training records showed staff had completed training in fire safety, incident, accident and customer awareness, information governance, introduction to governance, equality and diversity, safeguarding and infection control

The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Nursing staff had access to professional supervision

**Are services caring?**

Good

The practice is rated as good for providing caring services.

- Staff gave us examples of where the practice had shown particular compassion towards patients.
- The practice provided patients with food vouchers if the patient was unable to access something to eat.
- Staff told us they placed a major emphasis on building trust with patients.They said they could understand some of the health risks patients faced if they were open with staff. They said the more the patients trusted staff the more they were likely to tell them.
- A member of staff took a new enteral feeding tube to a palliative care patient's flat when the company supplying the equipment let them down. The practice paid for another patient's train and taxi fare so they could have an operation.
- Staff told us they kept patients on the practice list even after incidents of poor behaviour because patients were unable to access primary care services elsewhere.

# Summary of findings

**Are services responsive to people's needs?**

Good

The practice is rated as good for providing responsive services.

- The practice could organise appointments for patients up to a year ahead. This meant patients could be monitored frequently for example, to review their medicines.
- Reception staff kept one appointment slot free for emergencies in each of the afternoon clinic sessions. Nurses also kept one urgent slot for seeing patients urgently.
- The appointment system was designed to allow patients to access services by use of drop-in clinics and patients could register and see GP on same day. The practice were able to provide longer appointments including double appointments to accommodate patients' needs.
- The practice sent patients text messages reminding them about appointments or informing them when test results were available.
- The practice provided an on site phlebotomy service which meant patients did not have to go somewhere else they not know for tests.
- The practice monitored two week referrals where there was a suspicion of cancer to ensure patients received an appointment. A patient navigator employed by the CCG supported patient to attend their hospital appointment.
- There were seven drop-in sessions and three sessions for booked appointments. The number of drop in sessions had been increased in response to the feedback received from patients. The practice analysed the complaints received, identified any lessons learned and monitored any trends and actions taken to as a result to improve the quality of care.

**Are services well-led?**

Good

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

- We found there was a powerful guiding vision for the service although this was not formally written down. All the staff we spoke with shared the practices values and stressed the importance of patients feeling able to trust staff at the practice.
- There were a range of quality and safety audits carried out based on the provider's IQAT (Internal Quality Assessment Tool.
- There were frequent violent incidents usually between patients attending the practice but occasionally aggression was directed towards staff. A comprehensive risk assessment for security at the service had not been completed. The practice had been given approval by the provider to employ a security officer for a trial period.

# Summary of findings

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Administration staff also met monthly to discuss processes within the practice. We saw the practice had policies in place for incident reporting, vaccines ordering which included a cold chain policy.
- Staff told us the GPs and nurses were approachable and always took the time to listen to all members of staff. Staff also told us they could take any issues or concerns to the practice manager who had worked at the practice for many years and had the knowledge and experience to resolve problems.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The practice provided examples of when they had acted on information received from patients.
- The practice was participating in a safety improvement programme which developed capacity within the practice to pursue quality improvement.

# Summary of findings

## The six population groups and what we found

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

**Older people**

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice had a palliative care lead who reviewed and co-ordinated the care provided to patients approaching the end of life.

**People with long term conditions**

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Patients at high risk of developing coronary heart disease and other conditions were identified and offered treatment and advice.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

**Families, children and young people**

Good

- The practice does not provide services for children and families. Practice nurses were trained to provide a women's health and screening service.
- Practice staff were aware some patients were parents and watched out for any risks of abuse. Staff had level 3 safeguarding training for adults and children.

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

Good

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

# Summary of findings

- There were GP leads for long term conditions. Each GP lead developed a care plan for the management of each long term condition including prescribing and further investigations including referrals that may be required.
- The practice had developed a range of services in response to the needs of the working age population, for example tissue viability for patients with venous ulcers, a consultant specialising in liver disease saw patients at the practice and a specialist COPD nurse who provided an assessment and treatment service.

The practice was proactive in assessing and reviewing patient's health needs for example when reviewing repeat prescriptions.

**People whose circumstances may make them vulnerable**

Good

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

- The appointment system was designed to allow patients to access service by use of drop in clinics, patients can register and see GP on same day. The practice was able to provide longer appointments including double appointments to accommodate patients' needs.
- The practice had one GP dedicated to dealing with the high demand for medical reports for benefits, housing, and solicitors supported by a benefits advisor funded by the practice.
- The practice employed a locum GP who visited homeless patients on the street and in hostels. This included visits to patients the practice were concerned about and meeting with the complex care nurse. In some cases they met with a patient daily to make sure they took their medicines.
- The practice offered regular health checks to patients to monitor their condition.
- Practice staff visited patients in the hostel when they needed medical attention.
- The practice arranged for homeless patients to receive their medicines.
- The practice reviewed the care vulnerable patients at weekly clinical meetings.
- The practice provided seven drop-in sessions each week for patients to access medical services.
- The practice offered longer appointments for patients on a regular basis to assess their health needs.
- The practice regularly worked with other health and social care professionals in the case management of vulnerable patients.

# Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

Good

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

- The practice regularly worked with local mental health teams to co-ordinate the care of patients experiencing poor mental health, including those with dementia.
- Some staff were trained to support patients with cognitive behaviour therapy.
- The practice referred patients with more minor mental health conditions to the local psychological therapy service (IAPT).
- The practice was able to direct patients to access support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.33 % of the practice's patients have an alcohol problem, 43% of patients have a substance misuse problem and 25 % of patients have a mental condition.

# Summary of findings

## What people who use the service say

There were no national GP patient survey results available for this practice.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received comment cards at this inspection.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

## Areas for improvement

**Action the service SHOULD take to improve**

- The practice should ensure blank prescription forms are kept in a locked area at all times.
- Cupboards where clinical equipment is stored should be locked.
- The practice should review Patient Group Directions which are beyond review date a ensure all PGDs are signed.
- The provider should carry out a comprehensive risk assessment of security or staff and patients at the service.
- The practice should ensure staff complete all mandatory training.

# Camden Health Improvement Practice

**Detailed findings**

## Our inspection team

**Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector and a GP specialist adviser.

## Background to Camden Health Improvement Practice

Camden Health Improvement Practice is located in central London. The service is provided by the national charity -Turning Point. Turning Point provide services for people with complex needs, including those affected by drug and alcohol misuse, mental health problems and those with a learning disability. Many of the patients who attend the practice are homeless. The practice is located in the Margarete Centre, which is rented from Camden and Islington Foundation Trust and is co-located with the South Camden Drug Service. The practice has existed since 1991 and the current contract is held by Turning Point, in place for five years, due to be re-tendered in November 2017.

There are two female GPs and one male GP who work on a sessional basis at the practice. There are three part time GPs who work four sessions per week. There are three vacant sessions. These sessions are covered by GPs from a pool of locum GPs the practice has used for several years. The practice has two long term locums covering three sessions per week.

There are two full time female practice nurses who each provide five clinical sessions per week. There is a navigator post funded by the local Clinical Commissioning Group (CCG) whose role is to support patients access services for example attend outpatient appointments.

The practice is not a training practice but undergraduate medical students are able to gain experience at the practice :

The majority of sessions provided by the practice are drop in sessions. Patients can attend without making an appointment. There are seven drop in sessions and three appointment only sessions. The practice is open between 9.30 and 12.00 on Mondays, 10.30 to 12.45 on Tuesday, 9.30 to 12.00 on Wednesday, 9.30 to 12.00 on Thursday and 9.00am to 11.30 on Friday. There are booked appointment sessions on Tuesday Wednesday and Thursday afternoons between 2.00 pm and 4.30pm and drop in sessions between 2pm and 4.30 on Mondays and Fridays. Patients are encouraged to attend the drop in sessions as close to the beginning of the clinical session as possible to ensure they can be seen.

Patients could contact the Camden out of hour's service when the practice is closed.

The practice, which has up to 630 patients on its list, provides services from the Margarete Centre and an outreach service to one hostel. However, the majority of patients who attend the practice are not registered and attend on an informal drop-in basis. Some patients have attended for several years however, the practice usually has a turnover of 40%. The practice works in partnership with a substance misuse charity and the Camden and Mental Health Foundation Trust, which provides shared care

workers. Treatment is provided by GPs and nurses and will include assessment, diagnosis, treatment, onward referral, follow-up or discharge and prescribing of medicines as required.

## Why we carried out this inspection

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

## 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 5 January 2017.

. During our visit we:

- Spoke with a range of staff including GPs, practice nurses and administration staff. We spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed a sample of the personal care or treatment records of patients.

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)

Good

# Are services safe?

## Our findings

**Safe track record and learning**

- There was an effective system in place for reporting and recording significant events. Incidents were discussed at weekly and monthly clinical governance meetings. We saw examples of issues which were discussed.
- All incidents were reviewed by the provider's Risk and Assurance team at the charity's headquarters. The charity monitored incidents at all their service locations, providing the practice with feedback and trend analysis.
- As a result of incidents which have occurred, an action plan was made and implemented. A recent incident involving attempted assault of a GP resulted in a decision to secure funding for a security officer in the practice. Action taken following other incidents included the re-design of the clinical room, changes to the appointment system and a review of the two week referral process.
- The practice had signed up to a safety programme in which staff received training in reviewing errors, sepsis, mental health and suicide, safe prescribing and safe handover.
- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. The practice reviewed significant events. 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.

**Overview of safety systems and processes**

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

- The practice had policies for protecting adults and children from abuse. Staff were familiar with the policies and how to access them. The practice had a designated adult, and children's safeguarding leads. Although the practice did not treat children, staff were aware that some patients had children and staff were aware of the need to identify potential risks to children's safety associated with adult's physical and or mental health.
- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. The GPs were all up to date with level three safeguarding training. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- There were a range of quality and safety audits carried out based on the provider's IQAT (Internal Quality Assessment Tool) which covered infection control, health and safety issues, monthly housekeeping checks.The service was audited externally every two years by a contractor appointed by the provider to review compliance with their policies.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training.
- Staff were trained in life support and knew how to clean up spillages for example if a sample jar smashed.

Good

# Are services safe?

- We saw blank prescription forms in clinical rooms. The rooms were not locked and although access from the waiting room was controlled by a keypad lock, there were no internal locks on the doors of clinical rooms within the practice. This meant patients and visitors could access these rooms once they had gained access to the practice's clinical areas.
- Other arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- Access to equipment such as syringes was not secure. Clinic rooms were open and although medical equipment was stored in lockable cupboards these were not locked.
- Processes were in place for handling repeat prescriptions. Reception staff told us they made appointments to see a GP for patients requesting repeat prescriptions. They said a GP had to confirm a patient could move to repeat prescriptions. Until they received this approval reception staff continued to a make an appointment for them to see the GP. The practice carried out regular medicines audits, with the support of the local CCG pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.
- We reviewed six PGDs of which two were due for renewal, in 2014 and 2015 and one was unsigned.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were arrangements in place for the destruction of controlled drugs.
- We reviewed four personnel files and found appropriate recruitment checks were undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

**Monitoring risks to patients**

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient safety. There were four incidents in 2016 involving the police. The practice provided care for some patients whose behaviour could be violent. The practice developed a plan for one patient who required the presence of two police officers when they attended to receive their medicine. Staff told us they preferred to put arrangements in place to support patients rather than exclude them from the practice list. There was no local system in the CCG for dealing with violent patients.
- Staff within the practice carried personal safety alarms which could be heard by other staff working in the practice and on the floors above where other community services located.
- Staff told us there were large numbers of patients with drug or alcohol problems who could potentially be violent and staff were trained to minimise the risks and diffuse the situation.
- There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

**Arrangements to deal with emergencies and major incidents**

- The practice had a business continuity plan which covered incidents such as flooding in the building.The plan included emergency contact numbers for staff. Alternate premises had been identified where the practice could be provided in the event of a major, extended disruption to the service. The practice had tested their business continuity plan when the practice premises flooded.

Good

# Are services safe?

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to emergencies.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

Good

# Are services effective?

(for example, treatment is effective)

## Our findings

**Effective needs assessment**

- Staff working at the practice told us they aimed to maintain people's health at the best level they could. They said patients often had conditions which could not be cured but they could keep patients as well as possible.
- The practice provided a range of tests and investigations to test for example for blood borne viruses. Patients could access a wide range of investigations depending on their individual circumstances and the health risks they faced. The practice provided a range of over forty evidence based tests.
- Patients could obtain flu vaccinations at the practice.
- Patient with mental health problems and personality disorders could access the mental health team through the practice including mental health nurse specialists and psychologists. A primary care mental health worker was allocated to the practice. The practice also worked closely with the TAP service (Team Around the Practice). The team worked mainly with patients with personality disorders. The team was an integrated mental health service delivered in partnership with a national mental health charity in Camden. A range of psychological interventions and treatment options were provided based on talking therapies to adults aged 18 or over, living in the London Borough of Camden.The service consisted of individual consultations, involving GPs mental health staff, case-based discussions and access to a helpline. The TAP service also provided training on the management of psychological and psychiatric disorders.GPs used social prescribing which was delivered by local mental health charities.
- The practice also referred patients to a service which helped patients with stress, worry, depression and insomnia.
- The South Camden drugs service provided the practice with prescribing guidelines for substance misuse and provided psycho social support for patients referred by the practice.
- Patients' needs were discussed at a weekly Tuesday morning meeting. We saw the minutes of these meetings and saw nine patients were discussed at the meeting in September 2016 and 14 patients were discussed in December 2016. Patient's clinical and social needs were discussed.
- The care of patients who had attended accident and emergency departments was reviewed to discuss what follow up care was required. Drug overdoses was one of the reasons for attending A&E. Practice staff liaised with mental health staff to plan how follow up care should be provided.
- Hospital discharge letters were reviewed to ensure patients received appropriate follow up care for example changes to their medicines. The practice planned to visit a patient after discharge to discuss their care. The practice used evidence based templates for assessing and recording patients' needs.
- We saw examples of the asthma and diabetes templates which incorporated the latest national guidance. Practice representatives attended update events provided by the CCG. The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.
- The practice had systems in place to keep all clinical staff up to date. Specialist staff who provided in reach services at the practice fed back to GPs via email. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- There was a programme of clinical audit which included reviews of palliative care, salbutamol usage and medicines management.

**Management, monitoring and improving outcomes for people**

- The practice collected limited information for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).The most recent results provided

Good

# Are services effective?

## (for example, treatment is effective)

by the practice were 407 out 545 points 75%. Only a third of patients registered at the practice were included on the long term condition registers. The practice sent out invitations for long term condition reviews.

- There were GP leads for long term conditions. Each GP lead developed a care plan for the management of each long term condition including prescribing and further investigations including referrals that may be required.
- The practice employed a locum GP with funds from a homeless charity. They were responsible for visiting homeless patients on the street and in hostels. This included visits to patients the practice were concerned about and meeting with the complex care nurse to discuss the support the patient required. In some cases they met with a patient daily to make sure they took their medicines.
- The practice participated in medicines optimisation for example by looking to reduce the number of inappropriate antibiotic prescribing.
- The practice recorded QOF data for coronary heart disease, hypertension and diabetes.Practice staff told us there was a significant gap between the targets and the practice's attainment. Many patients who used the practice had complex problems which meant they did not always comply with their medicines or follow a healthier lifestyle.
- The practice provided locally enhanced services for example for substance misuse. The practice ran two methadone clinics.

There was evidence of quality improvement including two cycle clinical audits. We saw an audit of asthma patients, palliative care and use of antibiotics.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included reducing the use of antibiotics.

**Effective staffing**

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

- The practice had an induction programme for all newly appointed staff including any locum medical staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice had a bank of locums they could call on to cover sessions during periods of sickness or other absences.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions such as diabetes. Nursing staff carried out risk assessments to identify patients at risk of contracting Hepatitis.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Nursing staff had completed extensive training for example in women's health and screening which covered a wide range of competencies including cervical screening.
- Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. The practice kept a record of all smears taken recording date and time of submissions, result and plan for any further treatment planned. The practice followed up any patients who did not attend hospital for a colposcopy following an abnormal smear result.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Nursing staff had access to professional supervision. Staff could access 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. Staff told us they had opportunities to review their role but the appraisal system was not formal. Staff received training that included safeguarding, fire safety awareness, basic life support and information governance.
- Staff had access to and made use of e-learning training modules and in-house training. Mandatory training records showed staff had completed training in fire safety, incident, accident and customer awareness, information governance, introduction to governance,

Good

# Are services effective?

## (for example, treatment is effective)

equality and diversity, safeguarding and infection control. Staff had mostly completed mandatory training modules. The practice manager knew where training was outstanding and told us they would arrange for staff to complete any outstanding training modules. The practice was not a training practice but under-graduate medical students had the opportunity to gain experience at the practice.

**Coordinating patient care and information sharing**

- The Citizens Advice Service provided a service two sessions per week to give advice on issues such as housing and benefits.
- There were approximately 35 patients in treatment for substance misuse on a shared care basis in conjunction with the Change, Grow, Live service.
- A health navigator was employed by the practice who was funded by the local CCG. They supported patients to ensure they attended hospital or other appointments. Patients released from prison or a mental health hospital sometimes needed help to understand where and how to access services.
- The practice liaised with the Camden out of hour's service (OOH). The practice received information daily about patients who had attended the out of hour's service overnight and they alerted the OOH service about any patients concerns identified during the day.
- Practice nurses reviewed pathology test results and passed any abnormal results to the GP of the day. Abnormal results were discussed at the weekly clinical meetings to agree the follow up care required.
- A consultant specialising in sexual health provided a service at the practice.
- The practice offered online appointment booking but very few patients used this.

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results. The practice shared relevant information with other services in a timely way, for example when referring patients to other services. Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a weekly basis when care plans were routinely reviewed and updated for patients with complex needs.

**Consent to care and treatment**

- GPs and nurses told us they encouraged patients to have tests, investigations and treatment for example flu vaccinations. They said it was important to respect patient's wishes if they declined to have a test or treatment even if they were at risk of developing a condition.
- Staff obtained patients' consent to care and treatment in line with legislation and guidance.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear, the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

**Supporting patients to live healthier lives**

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol use.
- GPs and nurses told us they used every opportunity they saw patients to check their general health.
- The practice limited the supply of some medicines to 28 days to encourage the patient to return for follow up and review. Specialist clinics were provided for patients concerned about human immunodefiency syndrome (HIV). A specialist hepatology nurse provided two

Good

# Are services effective?

## (for example, treatment is effective)

sessions a week to the practice. 6% of patients on the practice list were HIV positive. Historically, patients were unlikely to attend a specialist centre for treatment. The service was set up at the Margarete Centre to encourage patients to attend. A specialist COPD (Chronic obstructive pulmonary disease) nurse also provided a clinic at the practice.The service was targeted at hard to reach populations.

- Some patients attended at the same time as attending the drug services which were located in the same building. The practice provided shared care for some patients working with the drug and alcohol service. Patients were able to book a 20 minute appointment on Tuesday afternoons to have their substance misuses and physical health checked at the same appointment.
- One doctor co-ordinated the care for patients approaching the end of life.The practice held a palliative care register. The care of patients on the register was discussed a clinical review meetings.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and six monthly reviews. NHS health checks for people aged 40 were provided.
- The practice carried out Q risk scoring. This was a tool developed by NHS England for monitoring the risk of developing heart disease, stroke or diabetes.
- Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

# Are services caring?

## Our findings

**Kindness, dignity, respect and compassion**

- We spoke with three patients. One had been attending the practice for 15 years. They said, "Staff take time to understand me." They said the support they had received from the practice had been 'amazing'. They said, "They don't just leave you to get on with it they find ways of helping me keep to my goals like keeping a diary." They described how the practice had helped them get a flat by providing a letter of support.
- We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.
- Staff gave us examples of where the practice had shown particular compassion towards patients. A member of staff took a new enteral feeding tube to a palliative care patient's flat when the company supplying the equipment let them down. The practice paid for another patient's train and taxi fare so they could have an operation.
- A member of staff picked up a patient's prescriptions regularly because they kept forgetting where to collect them.
- An asylum seeker with cancer was confused and left the practice. Staff called an ambulance and followed the patient so that could direct the ambulance to the patient's location.
- Staff went to the park following a report of someone who had collapsed. The person was cold and lying on the ground.Staff helped them back to practice and allowed them to sleep and gave them hot drinks to warm them up.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- The practice allowed patients to use the practice address as a care of address and kept patients post for them to pick up.
- The practice provided patients with food vouchers if the patient was unable to access something to eat.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The practice provided care for people who may not have any identification. Most practices required proof of identity before they were able to register. The practice provided healthcare to people who were unable to access care elsewhere.
- Staff told us they placed a major emphasis on building trust with patients.They said they could understand some of the health risks patients faced if they were open with staff. They said the more the patients trusted staff the more they were likely to tell them. They said it was difficult to deal with the shame patients sometimes felt. They told us it was important not to judge patients and accept them as they are, supporting them with any changes they wanted to make to their life.
- Practice staff could refer patients to a local Improving Access to Psychological Therapies (IAPT) service.
- The practice ran two methadone clinics and would see patients unable to access this service via their own GP practice.
- We spoke with three patients. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. As part of the inspection process, we provide comments cards for patients to record their comments about the practice. We did not receive any comment cards for this inspection and results from the national GP patient survey were not available for this practice.
- Staff told us they kept patients on the practice list even after incidents of poor behaviour because patients were unable to access primary care services elsewhere.

**Care planning and involvement in decisions about care and treatment**

- One patient we spoke with told us, " They explain everything here if anything they probably explain too much." They said, " It's important we tell them the truth so that they can help me. I feel I can be honest with them."

Good

# Are services caring?

- Another patient told us they, “Trusted everyone at the practice. They said, “I know I am in good hands.” They said they found it difficult to trust people but, “I can count on people here they tell it like it is but it’s still my choice”.
- 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.
- 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. Information leaflets were available in easy read format

**Patient and carer support to cope emotionally with care and treatment**

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

Good

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**Responding to and meeting people's needs**

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice could organise appointments for patients up to a year ahead. This meant patients could be monitored frequently for example to review their medicines.
- Reception staff kept one appointment slot free for emergencies in each of the afternoon clinic sessions. Nurses also help one urgent slot for seeing patients urgently. The practice offered seven drop in sessions for week. Patients could be seen by a doctor or a nurse. The GPs could see up to nine patients in a drop in session. The nurses saw up to five patients per session.
- The practice provided 15 minute appointments to allow patients to be fully assessed.
- The appointment system was designed to allow patients to access service by use of drop in clinics; patients could register and see GP on same day. The practice was able to provide longer appointments including double appointments to accommodate patients' needs.
- Patients had a full medical review every six months.
- Social workers were available to support patients. Social workers were located at the practice two sessions per week.
- The practice sent patients text messages reminding them about appointments or informing them when test results were available.
- A nurse specialising in tissue viability visited the practice to treat venous ulcers. They also brought a Doppler machine to the practice once a month to check patients who were at risk of developing a deep vein thrombosis (DVT). The specialist nurse could refer patients to the specialist vascular service based at a local hospital.
- Patients with diabetes were referred to a local digital retinopathy service.
- The practice provided care for 'prisoners abroad'. These were British citizens who had spent time in prison in another country and been deported on release. Staff told us these patients might have complex medical histories but no medical records. The practice tried to obtain records but often had to treat patients without any previous clinical information.
- Patients could access one of five beds provided locally for rehabilitation or following discharge from an acute hospital. Medical staff from the practice provided medical care whilst patients were being cared for in these beds.
- Staff booked visits to patients staying in local hostels.
- The practice provided an in-house phlebotomy service.
- Three patients we spoke with told us they were happy with the length of time they waited to get an appointment. One person said they had waited for a day or two at most.
- Another person said the text reminder about appointments was helpful.
- One patient said they had moved to this practice a year ago because they were unhappy with the practice they were registered with. They said, "They take care of everything here everyone is always really helpful and respectful."
- Another patient said they felt unwell and got an appointment the same day, which they found reassuring.
- The practice monitored two week referrals where there was a suspicion of cancer to ensure patients received an appointment. A patient navigator employed by the CCG supported patient to attend their hospital appointment.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice had one GP dedicated to dealing with the high demand for medical reports for benefits, housing, and solicitors supported by a benefits advisor funded by the practice.

**Access to the service**

- The practice was open between 9.30am and 12.00pm on Mondays, Wedensdays and Thursdays. 10.30am to 12.45pm on Tuesday and 9.00am to 11.30am on Friday. There are booked appointment sessions on Tuesday Wednesday and Thursday afternoons between 2pm and 4.30pm and drop in sessions between 2pm and 4.30pm on Mondays and Fridays.
- Patients were encouraged to attend the drop in sessions as close to the beginning as possible to ensure they

Good

# Are services responsive to people's needs?

## (for example, to feedback?)

were seen. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

- People told us on the day of the inspection that they were able to get appointments when they needed them.
- The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.

**Listening and learning from concerns and complaints**

- The practice had an effective system in place for handling complaints and concerns. We saw examples of complaints which had been received and the subsequent investigation and response. The practice's policy was to invite the complainant to discuss the compliant with staff and the outcome. The practice kept written records of verbal interactions as well as written correspondence.
- The provider's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.
- There had been five complaints received in the last 12 months. These were handled in accordance with the provider's complaints policy. One complaint was upheld and the practice apologised to the patient. The complaints concerned involved difficulty accessing the benefits advice service, another patient was unhappy that a GP would not give them their choice of analgesic medicines. Another complaint concerned communication with the practice and one concerned a patient's anxiety about undergoing a scan.
- The practice analysed the complaints received identified any lessons learned and monitored any trends and actions taken to as a result to improve the quality of care. For example, one patient complained as they had not received their test results, this was discussed at the practice's weekly meeting. The patient had been asked to return to the practice for their results. When they failed to do so, the practice found they were unable to contact the patient. The practice team discussed how far they should go in contacting patients and the various options for the clinical team. A notice was posted in the reception area and to give to patients by GPs reminding them to come back or contact the practice for results.

# 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**

- We found there was a powerful guiding vision for the service although this was not formally written down.All the staff we spoke with shared the practices values and stressed the importance of patients feeling able to trust staff at the practice.
- The practice had a clear vision to deliver high quality care and promote good outcomes for patients.
- The provider's Medical Director provided the practice with information about the charity's vision and strategy.

**Governance arrangements**

- There were a range of quality and safety audits carried out based on the provider's IQAT (Internal Quality Assessment Tool) which covered infection control, health and safety issues, monthly housekeeping checks.The service was audited externally every two years by a contractor appointed by the provider to review compliance with their policies.
- The practice supported clinicians meetings which were held a few times a year to discuss audits, NICE guidelines, changes to systems and quality improvements.
- The practice had been given approval by the provider to employ a security officer for a trial period. Staff we spoke with told us there were frequent incidents usually between patients attending the practice but occasionally aggression was directed towards staff. They described how male members of staff were usually able to diffuse the situation but staff had concerns about the location of the practice in a basement below street level. They said staff did not always hear personal safety alarms and the police were not always able to respond when called. We asked the practice manager whether as risk assessment of the premises and security arrangements had been carried out. They told us they managed the risks on an individual patient basis but a comprehensive risk assessment for security and safety at the practice had not been carried out.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Administration staff also met monthly to discuss processes within the practice. We saw the practice had policies in place for incident reporting, vaccines ordering which included a cold chain policy.
- 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:
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

**Leadership and culture**

- On the day of inspection, the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the GPs and nurses were approachable and always took the time to listen to all members of staff. Staff also told us they could take any issues or concerns to the practice manager who had worked at the practice for many years and had the knowledge and experience to resolve problems. Staff told us they worked together as a team of professionals. They said management was not 'top down' or directive. They said individual clinicians took professional responsibility for their actions.We spoke with two healthcare professionals who worked alongside the practice team. They told us the practice was easy to work with and all staff focussed on patient's needs. They said they were a good team to work with.
- The provider 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 partners 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

# Are services well-led?

Good

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

practice gave affected people reasonable support, truthful information and a verbal and written apologyThere was a clear leadership structure in place and staff felt supported by management. Staff told us the practice held regular team meetings. 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. We noted a team away day had been held some months ago but these did not happen frequently.

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

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

- The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.
- The practice provide examples of when they had acted on information received from patients for example changes to appointment system, emergency forms, longer consultations, mixture of drop-in and appointment sessions, installing a bell and TV in reception, and installation of a water cooler.
- The practice gathered feedback from staff through staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

**Continuous improvement**

- There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was participating in a safety improvement programme which developed capacity within the practice to pursue quality improvement, for example reviewing the role of human factors in clinical pathways.