

Adelaide Medical Centre

Inspection 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 location

Good 

Are services safe?

Good 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as Good overall. (Previous rating 24/12/2015 – Good)

The key questions at this inspection 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

We carried out an announced comprehensive inspection at Adelaide Medical Centre on 21 June 2018 as part of our inspection programme.

At this inspection we found:

- The practice's childhood immunisation uptake rates for the four national indicators were below the target percentage of 90% or above.
- The practice's performance for cervical screening and screening for breast and bowel cancer were below national averages.
- Three members of the reception team had not completed any safeguarding training. After the inspection we were sent confirming evidence that safeguarding training had been provided to these members of staff.
- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice ensured that care and treatment was delivered according to evidence based guidelines.

- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- Staff told us the leadership team was supportive and approachable.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- The practice must ensure the care and treatment of patients is appropriate, meets their needs and reflects their preferences. (Please refer to the requirement notice section at the end of the report for more detail).

The areas where the provider **should** make improvements are:

- Review the practice's Quality Outcomes Framework (QOF) exception reporting policy to help bring exception reporting figures for individual clinical domains in line with the CCG and national averages.
- Review the practice's systems and processes for increasing the uptake for breast and bowel cancer screening.

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

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser and a practice manager adviser.

Background to Adelaide Medical Centre

The Adelaide Medical Centre operates from 111 Adelaide Road, London NW3 3RY. It provides NHS primary medical services through a General Medical Services contract to approximately 11,500 patients. The practice has a deprivation score of 6 out of 10 (10 being the least deprived) and approximately 29% of patients are from a black and minority ethnic background.

The practice is a GP partner led practice. The practice employs one full time GP partner and five part-time GP partners, four of whom are female and two who are male. The practice also employs two part-time salaried GP's who are both female. The provider is a training practice and currently has three GP registrars working at the practice. The clinical team is completed by a full-time nurse practitioner, two full-time practice nurses and a full-time healthcare assistant. There is also a full-time practice manager, deputy practice manager, six full-time administrators, three full-time receptionists and a summer placement student who helps with administration and reception work.

The practice's opening hours are 8.00am to 6.30pm, Monday to Friday, with clinical appointments available throughout the day from 8.30am. It operates extended hours for booked appointments on Monday and Friday mornings, between 7.30am and 8.30am and on Wednesday evening between 6.30pm and 8.00pm. It also offers booked appointments on Saturday morning between 8.00am and 10.00am. Phone lines operate from 8.30am to 6.00pm, Monday to Friday. Guidance on when to call the practice for specific issues is given on the practice website. The practice remains open at lunchtime.

Patients calling the practice outside operating hours are referred to the local out-of-hours provider. Details for the out of hours service are given on the practice website and displayed in the practice.

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

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. We saw that all staff were required to have safeguarding and safety training appropriate to their role. Staff we spoke with were all aware of the safeguarding lead GP and what to do if they had safeguarding concerns. Learning from safeguarding incidents was discussed at staff meetings and the minutes of the meeting were made available to all staff.
- We noted that three members of the reception team had not received safeguarding training. After the inspection we received evidence confirming that the practice's safeguarding lead GP had carried out an internal safeguarding training exercise with the three members of the reception team. The training included all relevant topics and a number of case studies.
- Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control (IPC). A practice nurse was the IPC lead. They had received appropriate training to enable them to carry out the role effectively. Audits had been undertaken and actions identified as a result had been implemented.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Staff knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- There was an appropriate approach to managing test results and we saw results were dealt with in a timely way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, emergency medicines and equipment, minimised risks.
- On the day of the inspection we noted that the oxygen tank was a quarter full. The practice told us that they had already ordered a replacement oxygen tank and a few days after the inspection they provided us with evidence of a delivery note confirming receipt. The practice also provided us with evidence that they had updated their policy to ensure that the oxygen tank was replaced once the oxygen level had dropped to 50%.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in

Are services safe?

line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.

- The Patient Group Directions in place were adequate and kept under review by senior clinicians.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a good track record on safety.

- 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 of safety that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- 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 an effective a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. We saw from meeting minutes that relevant alerts were also shared with the wider team.

Please refer to the evidence tables for further information.

Are services effective?

We rated the practice as requires improvement for providing effective services overall as we found that the care being provided for the ‘working age’ population group (specifically cervical screening) and the ‘Families, children and young people’ population group (specifically childhood immunisations) required improvement. All other population groups were rated as good.

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good)

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’ immediate and ongoing 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 used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- The practice used templates to manage long term conditions. For example we reviewed the template used for monitoring Atrial Fibrillation (a heart condition that causes an irregular and often abnormally fast heart rate) and anticoagulation (treatment provided to reduce the risk of stroke). In addition, the practice used a commercial online monitoring system, which helped clinical staff appropriately monitor and follow up patients with Atrial Fibrillation.
- The practice told us that they also used the local CCG’s ‘virtual chronic kidney disease service’ which enabled clinicians to obtain consultant opinions and advice without the need for the patient to be seen in person.

Older people:

This population group was rated good for effective because:

- Older patients who were frail or vulnerable received a full assessment of their physical, mental and social

needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication. These patients were also managed through multi-disciplinary meetings.

- Clinicians actively screened older patients for new cases of long term conditions such as Atrial Fibrillation, Diabetes and Chronic Obstructive Pulmonary Disease (COPD) and concerns regarding memory and depression.
- A palliative care register was maintained and three-monthly meetings took place with the local palliative care nurse.
- To reduce unnecessary hospital admissions, the practice regularly referred older patients to a local clinic called ‘Triage and Rapid Elderly Assessment’.
- The practice told us that older patients discharged from hospital were supported by a local service called ‘Post Acute Care Enablement’ (PACE). This service provided health and social care to patients in their homes until such a time that they are independent or can be appropriately managed by another community service.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

This population group was rated good for effective because:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP 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.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk.

Are services effective?

- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The practice's performance for long term conditions was in line with local and national averages. However, exception reporting for those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more (the percentage of patients who are currently treated with anticoagulation drug therapy), was 19 % which was higher than the CCG average of 13% and the national average of 8%.
- Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

Families, children and young people:

This population group was rated requires improvement for effective because:

- The practice's childhood immunisation uptake rates for the four national indicators were below the target percentage of 90% or above. For example:
- The percentage of children aged 1 with completed primary course of 5:1 vaccine (01/04/2016 to 31/03/2017) was 82%.
- The percentage of children aged 2 who had received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) was 72%
- The percentage of children aged 2 who had received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) was 74%.
- The percentage of children aged 2 who had received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) was 74%.
- The practice did not agree with the above published child immunisation rates for the period between April 2016 to March 2017. After the inspection, the practice provided us with unpublished data extracted through an online database which is used to pay NHS practices. This unpublished data indicated that during 2016/2017 and 2017/2018 the practice had achieved 90% or above across all the above indicators.
- We saw that the practice had a system in place to highlight all children that were due for immunisations.

The process included administrative staff sending letters out to parents inviting their child for immunisation, and if there was no response this would be followed up by via letter and a telephone call.

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

This population group was rated requires improvement for effective because:

- The practice's uptake for cervical screening for the period between April 2016 and March 2017 was 58%, which was below the 80% coverage target for the national screening programme, and the national average of 72% but above the CCG average of 56%.
- The practice did not agree with the above cervical screening figure for the period between April 2016 and March 2017. The practice provided us with their own unpublished and unverified data, which showed the uptake of cervical screening at the age appropriate intervals (3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) during this period was 66% rather than 58%.
- Following the inspection, the practice provided us with unpublished and unvalidated which showed that between April 2017 and March 2018 the total uptake of cervical screening at the age appropriate intervals (3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) had increased to 73%.
- The practice's uptake for breast and bowel cancer screening was above the CCG average but below the national average (please see evidence table for further details). We saw evidence that the practice encouraged its patients to attend national screening programmes for bowel and breast cancer.
- The practice had a system in place to highlight patients due for cancer screening. It would write to these patient's inviting them for screening. any patients who failed to attend, or those who did not respond, were followed up with two letters and text messages.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- 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.

Are services effective?

People whose circumstances make them vulnerable:

This population group was rated good for effective because:

- 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 homeless people, travellers and those with a learning disability. The practice also looked after two local care homes, and a named GP carried out weekly ward rounds.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

This population group was rated good for effective because:

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- The practice referred patients identified with severe mental illness to the inhouse weekly mental health clinic, this was managed by a local mental health nurse.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- Patients were appropriately referred to local mental health team (iCope).
- The practice offered annual health checks to patients with a learning disability.
- The practice's performance on quality indicators for mental health was in line with local and national averages.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- The practice's overall domain QOF exception reporting was lower than the CCG and national average.
- However, for some individual clinical domains (atrial fibrillation, heart failure, peripheral arterial disease, cancer, depression, mental health and osteoporosis) the exception reporting was higher than the CCG and national average. The practice disagreed with this data and told us that their database indicated that their exception reporting in these domains was significantly lower. For example:
 - Published QOF data showed that exception reporting in the heart failure domain was 16% and the practice told us that their unverified data indicated that this was 1%.
 - Published QOF data showed that exception reporting in the peripheral arterial Disease domain was 11% and the practice told us that their unverified data indicated that this was 0%.
 - Published QOF data showed that exception reporting in the Mental Health domain was 11% and the practice told us that their unverified data indicated that this was 5%.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.
- The practice evidenced that they carried out regular clinical audits to improve the quality of care. We reviewed the two most recent 2-cycle clinical audits, one related to anticoagulation for patients with atrial fibrillation, and the other related to patients being diagnosed with cow's milk protein allergy. Both clinical audits showed that there was improvement between the first and second cycle (please see evidence table for more details).

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Are services effective?

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long-term conditions, older people and people requiring contraceptive reviews.
- 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. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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 and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- 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.

- 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.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- 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.

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.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people. For example, members of the PPG commented that the general patient consensus was that staff would always treat them with kindness, respect and compassion.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were in line or above local and national averages for questions relating to kindness, respect and compassion.

Involvement in decisions about care and treatment

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

- PPG members told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was positive and aligned with these views. We also saw that care plans were personalised.
- Staff communicated with people 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 proactively identified carers, supported them and signposted them to the local carers organisation 'Camden Carers'.
- The practice's GP patient survey results were above or in line with local and national averages for questions relating to involvement in decisions about care and

treatment. For example, 99% of patients answered positively to the question "Did you have confidence and trust in the GP you saw or spoke to?", this was higher than the CCG and national average 95%.

- The practice had carried out the same survey on an annual basis since 2011. The results of the survey was shared and discussed amongst staff and members of the PPG. The survey asked patients the following:

"The last time you saw a Doctor or Nurse at the Surgery, how good were they at each of the following? (Very Good/ Good/ Poor/ Very Poor)

Asking about your symptoms

Taking your problems seriously

Listening

Involving you in decisions about your care

Explaining treatments, tests and test results

Explaining the hospital referral process

Treating you with care and concern

Giving you enough time

Building your confidence and trust in the Dr/ Nurse you saw"

- The survey showed an upward trend year on year in all questions. However, there was a dip in the most recent survey for explaining 'treatments, tests and test results' (76% in 16/17 and 68% in 17/18) and the 'hospital referral process' results' (75% in 16/17 and 64% in 17/18). The practice informed us that they had planned to discuss these two areas with the PPG and take on board their recommendations.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.
- Chaperones were available on request and this was clearly signposted.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

We rated the practice, and all of the population groups, 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, the practice told us that they a high number of patients from Bengali backgrounds who did not have English as their first language. To assist this cohort of patients the practice booked a Bengali interpreter every Thursday for approximately five appointments.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice offered extended hours for booked appointments on Monday and Friday mornings, between 7.30am and 8.30am and on Wednesday evening between 6.30pm and 8.00pm. It also offered booked appointments on Saturday morning between 8.00am and 10.00am.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. The practice operated from purpose-built premises. All consulting rooms were on one level. Access was gained by an inclined ramp, with an intercom allowing patients with mobility problems to request assistance from staff. There was a high step but a temporary ramp was available which staff fixed in place when needed.
- The practice provided effective care coordination for patients who are more vulnerable or who had complex needs. They supported them to access services both within and outside the practice. For example, they offered daily home visits for patients who were elderly and less able to attend the surgery in person and double appointments were offered to patients with multiple conditions.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice had a 'surgery pod' which house a self-monitoring blood pressure machine accessible to all patients in the reception area.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- Older patients would be routinely screened during their annual health checks/flu jabs for Atrial Fibrillation.
- The practice participated in Camden's Frailty/Complex care work for which care plans were implemented for both housebound and non-housebound patients.
- The practice attended a cross practice monthly multi-disciplinary meeting hosted at one of the neighbouring practices, this was attended by complex care nurses and hospital based staff.
- The practice carried out monthly meetings with the district teams to compare patient lists and build the number of patients being actively monitored on the Frailty register.
- A named GP at the practice conducted weekly 'ward rounds' at two local care homes where the needs of all residents were monitored. The GP was supported by an elderly care consultant.
- The practice told us that recent information from the local CCG indicated that the practice was the third highest practice user of the Camden Rapid Response team preventing hospital admissions. In addition, the practice lead GP had recently shadowed the service to help improve the quality of referrals and working relationships.

People with long-term conditions:

- There were clinical leads for long-term conditions.
- The practice offered an in-house phlebotomy service to increase the monitoring of long term conditions.
- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the patients with complex needs.

Are services responsive to people's needs?

- The practice told us about their working relationships with hospital consultants and community specialist service providers. For example, the practice had conducted recent meetings with the community hypertension nurse and the consultant in charge of the local chronic kidney disease service.
- The practice had in place a recall system for screening patients that were at risk of diabetes and carried out regular blood tests for those identified with pre-diabetes and/or had a history of gestational diabetes.
- Patients suffering from diabetes had access to a community group education provider Diabetes Education and Self-Management for Ongoing and Newly Diagnosed (DESMOND) that assisted patients in self-managing their diabetes.
- The healthcare assistant carried out opportunistic screening for smokers and ex-smokers for COPD as part of their NHS health checks.

Families, children and young people:

- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice hosted local services such as weekly health visitor, baby clinics, midwife/antenatal and child psychologist sessions.
- Appropriate systems were in place to increase the uptake of child immunisations. The system included running reports which identified children that were due for their immunisations. A letter was written to those identified, inviting them to the practice. If the letter was not responded to, it was followed up by a further letter, phone call and text message.

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 ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours on Monday, Wednesday, Friday and Saturday. The practice referred patients to the local out of hours hub for appointments outside of the practice opening times.
- Telephone and extended hours appointments were made available to all patients but particularly for the working age population. These appointments could be booked in advance or on the day.

- Appropriate systems were in place to increase the uptake of cervical screening. The system included running reports which identified patients that were eligible for the screening. A letter was then written to those identified inviting them to the practice to have the screening carried out. If the letter was not responded to, it was followed up by a further letter, phone call and text message.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- There was a clinical lead for homeless people and a lead for those identified with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice told us that they had visited the two nearest hostels as part of an outreach programme, and proactively invited all patients on the homeless register for NHS health checks.
- The practice hosted a weekly Citizen Advice Bureau service that enabled patients to have access to important social and financial advice.
- The practice facilitated room space for the local community service 'Identification and Referral to Improve', this was a service that provided support and advice to patients affected by domestic violence.

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.
- The practice hosted a specialist mental health nurse who worked with patients identified on the practice mental health register. The nurse would advise and assist patients with their medication and illness and any changes to their treatment would be discussed with the patient's named GP.
- The practice worked with the local mental health team 'Crisis', and regularly hosted them at the practice.
- The practice hosted a visiting psychology team who conducted four to five clinical sessions a week.

Are services responsive to people's needs?

- The practice informed us about their links with the local memory service, and, appropriate referrals were made when patients were identified with concerns about memory and function

Timely access to care and treatment

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.
- Patients reported that the appointment system was easy to use.
- The practice's GP patient survey results were in line with local and national averages for questions relating to access to 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.

- Staff treated patients who made complaints compassionately.
- Information about how to make a complaint or raise concerns was available on the practice website but was not on display at the practice. The practice informed us that complaints leaflets were usually on display and that this was an oversight. After the inspection we were provided with evidence confirming that the complaints leaflets had been put on display in the reception and waiting area.
- The complaints policy and procedures were in line with recognised guidance. 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.

Please refer to the evidence tables for further information.

Are services well-led?

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

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

- Leaders were generally knowledgeable about issues and priorities relating to the quality and future of services.
- 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, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. 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 stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- 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 needed. This included appraisal, protected time and conversations for professional

career development. All staff had received annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.

- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

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 clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established 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 processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- 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 considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

Are services well-led?

The practice acted on appropriate and accurate information.

- 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.
- 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 submitted data or notifications to external organisations as required.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice was unaware of the low scores identified in nationally published data for childhood immunisations, cervical screening and the high exception reporting in some individual clinical domains.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- 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.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care Nationally published data by NHS England regarding the uptake of childhood immunisations across the four national indicators for children aged one and two was considerably lower than the CCG and England average. Nationally published data by Public Health England indicated that the percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64, was considerably lower than the national target of 80%. This was in breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Person centred care.