

Dr Gillian Gertner

Quality Report

Rosslyn Hill 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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection on 7 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence-based guidance.
- Data showed that the practice was performing consistently better than expected when compared with similar services.
- Feedback from patients about their care was consistently positive.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Patients said it was easy to make an appointment, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice team had clearly-defined roles and staff felt supported by the Provider.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The practice was aware of and complied with the requirements of the Duty of Candour.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was an active patient participation group.

The practice should –

- Continue to review patients' access to the service, particularly regarding practice opening hours.
- Continue with work to identify patients who are carers and update its records accordingly.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Our findings at inspection showed that systems were in place to ensure that all staff were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients.
- Data showed that the practice was performing highly when compared to practices in the local area and nationally. This included data collated by the local Healthwatch team which showed the practice to be the top performer in the CCG area in relation to clinical figures for cancer, diabetes, chronic diseases, cardiovascular disease and dementia.
- Flu vaccination rates were above local and national averages. The practice was the highest achiever among the CCG practices relating to vaccinations of at-risk patients and pregnant women and the fourth highest for patients aged over-65.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. For example, an audit of Repeat Dispensing to optimise repeat prescriptions led to improvement of 52%, the highest achievement among the local practices.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Results from the National GP Patient Survey were comparable with local and national averages.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Results from the GP patients' survey suggested that practice opening hours was a concern for some patients. The practice was monitoring this and taking action to address the concerns, for example by encouraging the uptake of telephone consultations.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Although there were no posters providing information on how to make a complaint, we saw that forms were available in the reception area and were provided upon request. The form was easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.
- The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice kept a register of 38 patients identified as being at high risk of admission to hospital. All of whom had had their care plans reviewed.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Records showed that 200 (90%) of the 222 patients prescribed more than four medications had received a structured annual review.
- Records showed that 29 (40%) of 72 patients had been offered cognition testing. The practice had identified that further work could be done and was inviting patients for the test as well as offering the testing opportunistically when patients attended the surgery.
- The flu vaccination rates for older people were above the local and national averages.
- Data showed the practice had administered shingles vaccinations to 87% of eligible patients aged over-70.

People with long term conditions

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

Good



- The practice maintained a register of 53 patients on the diabetes register, of whom 50 (94%) had received an annual eye check and foot check.
- Nine out of 10 patients on the practice's heart failure register had had a medication review.
- Longer appointments were routinely made to review patients with long-term conditions and home visits were available when needed.
- The flu vaccination rate for at risk patients was higher than the national average, for example for diabetic patients the rate was 96% and for patients with chronic obstructive pulmonary disease it was 100%.

Summary of findings

- All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the Provider worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of patients with asthma on the register who had an asthma review in the preceding 12 months was above the national average.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The rate of uptake for cervical screening tests was above the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and social workers.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Records showed that 617 patients (85% of those eligible) had had a blood pressure check.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice maintained registers of vulnerable adults (12 patients); vulnerable children and homeless patients, who were able to register at the practice address to receive health care related correspondence.
- The practice had a register of four patients with learning disabilities, all of whom had had an annual assessment and care plan review.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- All seven patients on the dementia register had had their care reviewed in a face to face meeting in the last 12 months, which was above the national average, and evidence showed that advanced care planning was carried out for all.
- The practice maintained a register of 26 patients with schizophrenia, bipolar affective disorder and other psychoses; 22 of whom had a comprehensive, agreed care plan documented in the record, in the preceding 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The latest national GP patient survey results were published on 7 January 2016 and related to the period January - March 2015 and July - September 2015. The results for the practice were above local and national averages. A total of 390 survey forms were distributed and 101 (26%) were returned. This represented roughly 6% of the practice's patient list of approximately 1,700.

- 76% found it easy to get through to this surgery by phone compared to a CCG average of 76% and a national average of 73%.
- 84% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 76% described the overall experience of their GP surgery as fairly good or very good (CCG average 81%, national average 85%).
- 69% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 77%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards, all of which were very positive about the standard of care received. Comments included that staff were very helpful and efficient and that they were friendly and kind. Patients confirmed that it was easy to make appointments and that they were treated with dignity and respect. Comments including patients not being rushed and all options for treatment being explained well.

We spoke with three patients and a member of the patient participation group during the inspection. They said they were happy with the care they received and thought staff were approachable, committed and caring.

We were shown the latest available results of the NHS Friends and Families Test, which covered the period November 2015-January 2016. In total, 31 patients had completed the survey and all said they would recommend the practice to friends and family.

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to review patients' access to the service, particularly regarding practice opening hours.
- Continue with work to identify patients who are carers and update its records accordingly.

Dr Gillian Gertner

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Dr Gillian Gertner

Dr Gillian Gertner (“the Provider”) operates the Rosslyn Hill Practice, at 20 Rosslyn Hill, Hampstead, London NW3 1PD. The premises are leased and converted from domestic use. The practice is situated near the Royal Free Hospital, with good local transport links.

The practice provides NHS services through a Personal Medical Services (PMS) contract to approximately 1,700 patients. It is part of the NHS Camden Clinical Commissioning Group (CCG) which is made up of 40 general practices. The Provider is registered with the CQC to undertake the following regulated activities - diagnostic and screening procedures, maternity and midwifery services, treatment of disease, disorder or injury.

The patient profile for the CCG has a higher number of working age adults than the national average, with fewer older patients and younger people aged under-19. Data provided by the practice showed that most patients are employed, and are from higher socio-economic groups, with generally good health outcomes.

The Provider employs a regular locum GP, together working 10 clinical sessions per week. At the time of the inspection, there was no employed practice nurse, with the Provider and locum GPs generally covering the nurse’s role, for

instance dealing with health checks, cervical screening and immunisations. However, occasionally locum nurses are used when needed. The administrative team is made up of a practice manager, assistant manager and an administrator, who share reception duties.

The practice’s reception opening hours are as follows –

Monday 9.00am to 12.00 noon; 2.30pm to 6.00pm

Tuesday 9.00am to 12.00 noon; 2.30pm to 6.00pm

Wednesday 9.00am to 12.00 noon; 2.30pm to 4.00pm

Thursday 9.00am to 12.00 noon

Friday 9.00am to 12.00 noon; 2.30pm to 5.00pm

Surgery hours are –

Monday 9.15am to 12.15pm; 3.00pm to 4.45pm; 6.30pm to 7.30pm

Tuesday 9.15am to 12.15pm; 3.00pm to 5.45pm

Wednesday 9.15am to 12.15pm; 1.30pm to 3.45pm

Thursday 9.15am to 12.15pm

Friday 9.15am to 12.15pm; 2.30pm to 4.45pm

The practice does not open at weekends.

Appointments are available throughout the day and can be booked online by patients who have previously registered to use the facility. Routine appointments are 15 minutes long, with 30 minutes appointments available on request. Telephone consultations and home visits are available.

The practice has opted out of providing an out-of-hours service. Patients calling the practice when it is closed are connected with the local out-of-hours service provider. There is a link to the NHS 111 service on the practice website, which also includes details of local urgent care centres.

Detailed findings

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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.

The practice had not been inspected previously.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 7 March 2016. During our visit we:

- Spoke with a range of staff, including the Provider, the practice manager and administrative staff. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- 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.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events, involving all staff in reviews.

We inspected safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. We looked at the records of the five significant events occurring during the previous two years and found them to be well-documented, with learning points highlighted and action plans developed when appropriate. Lessons were shared to make sure action was taken to improve safety. For example, following a significant event regarding a cancer case, the Provider attended a learning event regarding new NICE guidelines on cancer diagnosis, organised by the Camden CCG. In addition, the practice was visited by the CCG's Cancer Facilitator and Cancer Lead GP. (Both of these had been arranged prior to the significant event.) The NICE guidelines encouraged more use of the two-week referral system and the provider was informed of a new local rapid access service allowing patients to be referred for early assessment, even if they did not meet the two-week referral criteria. The NICE guidelines were added to the practice's computer system for easy reference and the practice had made use of the local rapid access service.

In addition, we saw that learning points from another significant event were shared by the practice at a multi-disciplinary team meeting regarding frailty care pathways and patients who did not engage with care and services offered to them.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The child safeguarding policy had been reviewed in January 2016 and that relating to vulnerable adults in August 2015. We saw that guidance on raising safeguarding concerns were on view in the consulting rooms. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The Provider was the clinical lead for safeguarding. In addition, the assistant manager was the non-clinical lead, responsible for managing information relating to children, such as those living in disadvantaged circumstances, those "at risk" or with child protection plans. The Provider attended case-specific safeguarding meetings when possible and always provided reports where necessary for other agencies. Both the Provider and assistant manager attended quarterly CCG safeguarding meetings. Staff demonstrated they understood their responsibilities and all had received training, including regular refreshers, relevant to their role. The Provider and assistant manager were trained to Safeguarding level 3 and we saw that the two regular locum GPs were trained to that level. Other staff had been trained to level appropriate to their roles.
- Notices in the waiting area and the consulting rooms informed 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 check (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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The provider was the infection control lead and liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place, which had been recently reviewed and staff had received up to date refresher training. The practice had a suitable policy for dealing with spills on view, and staff knew where the

Are services safe?

spills kits were located. Annual infection control audits were undertaken and we saw evidence that action was taken to address any issues noted as a result, for example the floor covering in the locum nurses' room had been replaced. The cleaning was done in accordance with an agreed written schedule. We were shown confirmation that curtains in the consulting rooms, which were dated when put up, were cleaned every six months and more frequently if necessary. Medical instruments were single-use and we saw evidence that stocks were monitored. Sharps bins were suitably fitted and labelled and were not overfilled. A protocol for dealing with needle-stick injuries was displayed in the consulting rooms. All the instruments, sterile equipment and dressings we checked were within date and suitable for use. There were adequate supplies of personal protective equipment, such as gloves, masks and aprons and patients confirmed these were used appropriately. This included receptionists wearing gloves when handling patients' specimens. All the consulting rooms had sufficient liquid soap and disposable towels. A contract was in place for the removal of clinical waste, which was stored in secure facilities until collected.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow locum nurses to administer medicines in line with legislation. We saw that supplies of medicines and vaccines kept at the premises were appropriately monitored. The supplies were not overstocked, with re-orders being made by the practice's nurses on a weekly basis. The temperatures of the vaccines fridges were monitored and recorded. There were no controlled drugs kept at the practice.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration

with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The files also contained records of the staff members' Hepatitis B immunisation status.

- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred due to abnormal results or for whom the tests were inadequate.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. As fewer than five staff were employed the practice had no obligation to maintain documentation regarding health and safety and fire safety issues. However, we noted that evidence was kept as good practice. There was a health and safety policy available with a poster in the reception office. Firefighting equipment had been inspected and serviced in October 2015. Staff told us that fire drills were conducted, but the practice did not keep logs. There was appropriate fire safety signage and staff had received fire safety refresher training. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We saw that the most recent check and calibration had been done in January 2016. We were shown evidence that an inspection of the wiring was scheduled for later in March 2016. 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. A risk assessment relating to Legionella, a bacterium which can contaminate water systems in buildings, had been carried out shortly before our visit. The induction process for new staff included appropriate health and safety topics and we saw that appropriate refresher training was provided to existing staff.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consulting and treatment rooms which alerted staff to any emergency.

Are services safe?

- All staff received annual basic life support training. There were emergency medicines securely stored in each consulting room and we saw that these were appropriately checked and the monitoring was recorded. We saw that all were in date and suitable for use.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. We checked and confirmed that the defibrillator pads were within date and that the batteries were charged. The oxygen cylinder was full. The practice also had a general first aid kit and used an accident book to record any injuries sustained.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and made provision for the service to transfer to the "buddy practice" nearby, should the premises be unusable, for instance due to flooding or power outage.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. We saw evidence of new NICE guidelines being discussed at practice meetings.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.8% of the total number of points available, with 3% exception reporting. (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). The 3% exception reporting compared very well with the higher averages for the CCG (7.6%) and the nationally (9.2%). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed the practice was performing consistently well, with no below-average indicators. For example -

- Performance for diabetes related indicators was 99.9%, being 10.6% above the CCG average and 10.7% above the national average.
- Performance for hypertension related indicators was 100%, being 2.5% above the CCG average and 2.8% above the national average.
- Performance for mental health related indicators was 100%, being 10.1% above the CCG average and 7.2% above the national average.

Staff gave us a copy of a report prepared by the Camden Healthwatch relating to performance in 2015. The report showed the practice rated highly for clinical performance of the 34 Camden CCG practices for which data was available. The data used had been compiled from that published by My NHS and related to cancer, diabetes, chronic diseases, cardiovascular disease and dementia.

Clinical audits demonstrated quality improvement

- The practice had carried out seven clinical audits in the past two years, of which six were completed cycle audits where the improvements made were implemented and monitored. Examples included an audit of end of life care carried out over three periods. This led to an increase in number of patients on the palliative care register, achieved by regularly reviewing patients on the chronic disease registers, for example those with cancer, neurological conditions, heart failure, COPD and those who were generally frail. It also led to the practice having earlier discussions with patients about death and end of life care choices. In another case, the CCG initiated an audit of Repeat Dispensing to optimise repeat prescriptions in order to increase the convenience to patients. The target had been to increase repeat dispensing where appropriate from 42% to 45%. In the event, the practice achieved a higher improvement of 52%. A third example was the practice's audit appointments, conducted over four months with patient surveys at the beginning and end. During the audit a triage system with telephone consultations was trialled. Results showed that patients attendance at hospital accident and emergency during practice opening hours reduced by 24%, compared with similar four-month periods. This led to the practice making more provision for telephone consultations in its appointments scheduling.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Are services effective?

(for example, treatment is effective)

- The practice demonstrated how it ensured role-specific training and updating for relevant staff. We saw evidence of annual refresher training being completed by the staff. This included safeguarding, fire procedures, basic life support and information governance awareness. In addition, they had access to on line resources and there was relevant discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. All staff had had an appraisal within the last 12 months.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

The practice worked with other health and social care services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the Provider, or locum GP and nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term conditions and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice had identified the smoking status of 1,080 patients aged over-16 in the previous year; 202 patients were smokers and the practice had offered cessation advice to 182 (92%).

The practice's uptake for the cervical screening programme was 81%, which was comparable with the national average. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87% to 92% and five year olds from 79% to 95%. The practice offered immunisations against Human papillomavirus to girls in cases where the immunisation had not been provided at their schools.

The practice's flu vaccination rates were above national averages: for over-65s, 77% (national average 73%), and at risk groups 72% (national average 51%). Staff showed us data indicating that the practice was the highest achiever among the Camden CCG practices relating to vaccinations of patients considered at risk due to ongoing health issues and for pregnant women. Patients attending for vaccinations were opportunistically offered appointments for in-depth health checks.

Are services effective?

(for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74, which were

carried out by the health care assistant. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consulting room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- The reception staff were aware when patients wanted to discuss sensitive issues, or appeared distressed, and could offer them a private room to discuss their needs.

All of the 14 Care Quality Commission patient comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. The three patients and the member of the patient participation group with whom we spoke were similarly positive about the experience of the practice. The patients and the comment cards mentioned and recorded that their dignity and privacy was respected and that staff responded compassionately when they needed help and provided support when required. The practice patient list was comparatively small. A lot of the patients had been with the practice many years and the practice had a stable staff team. Both staff and patients mentioned this meaning that they knew one another well and that there was a good relationship between them.

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

- 93% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 100% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 93% said the last GP they spoke to was good at treating them with care and concern (CCG average 81%, national average 85%).

The practice had not employed a practice nurse since 2014. Recruitment had been attempted, without success. The practice was investigating sharing nurses with its "buddy practice" nearby. In the meantime the Provider and locum GPs covered most of the work usually carried out by a practice nurse, such as health checks, cervical screening and immunisations. Locum nurses worked at the practice occasionally and the nurses' consultation scores related to those locum nurses. We noted they were lower than scores regarding GPs' consultations -

- 74% say the last nurse they saw or spoke to was good at listening to them Local (CCG) average:85%National average:91%
- 85% had confidence and trust in the last nurse they saw or spoke to Local (CCG) average:95%National average:97%
- 76% said the last nurse they spoke to was good at treating them with care and concern (CCG average 83%, national average 91%).

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded generally positively to questions about their involvement in planning and making decisions about their care and treatment. For example -

- 80% said the GP gave them enough time compared to the CCG average of 83% and the national average of 87%).
- 94% said the last GP they saw was good at explaining tests and treatments (CCG average of 86%, national average of 86%)
- 86% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 82%)
- 65% said the last nurse they saw was good at involving them in decisions about their care (CCG average 77%, national average 85%)

Are services caring?

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.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 12 patients

(approximately 0.75% of the practice list) as carers. This was done at the time patients registered. The practice was updating its carer coding opportunistically when it became aware that patients were carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consulting at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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 offered extended evening hours Mondays until 7.30pm for working patients who could not attend during normal opening hours.
- Routine appointments were 15 minutes long. Double appointments could be booked if needed and longer appointments of 45 minutes available for patients with a learning disability.
- Home visits were available for older patients and patients who were unable to attend the practice for medical reasons. The practice maintained a record of all such patients.
- Same day appointments were available for children and those with serious medical conditions.
- Appointments could be booked and repeat prescriptions could be ordered online.
- There were disabled access by means of a temporary ramp and suitable toilet facilities. There were two consulting rooms; one of which was on the ground floor, to accommodate patients with mobility problems.
- Translation services were available.

Access to the service

The practice operated from Monday to Friday, being closed on Thursday afternoon and at weekends. The reception opening hours were as follows –

Monday 9.00am to 12.00 noon; 2.30pm to 6.00pm

Tuesday 9.00am to 12.00 noon; 2.30pm to 6.00pm

Wednesday 9.00am to 12.00 noon; 2.30pm to 4.00pm

Thursday 9.00am to 12.00 noon

Friday 9.00am to 12.00 noon; 2.30pm to 5.00pm

Surgery hours were –

Monday 9.15am to 12.15pm; 3.00pm to 4.45pm; 6.30pm to 7.30pm

Tuesday 9.15am to 12.15pm; 3.00pm to 5.45pm

Wednesday 9.15am to 12.15pm; 1.30pm to 3.45pm

Thursday 9.15am to 12.15pm

Friday 9.15am to 12.15pm; 2.30pm to 4.45pm

Appointments were available throughout the day and could be booked online by patients who had previously registered to use the facility. Routine appointments were 15 minutes long, with 30 minutes appointments available on request. Patients with learning disabilities were offered 45 minute appointments. The provider and locum GPs carried out home visits. Telephone consultations were also available, the provision having been extended following a review of the appointments system.

The practice had opted out of providing an out-of-hours service. Patients calling the practice when it is closed are connected with the local out-of-hours service provider. There is a link to the NHS 111 service on the practice website, which also includes details of local urgent care centres.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was generally comparable with local and national averages.

- 76% patients said they could get through easily to the surgery by phone (CCG average 76%, national average 73%).
- 63% patients said they always or almost always see or speak to the GP they prefer (CCG average 51%, national average 59%).

People told us on the day of the inspection that they were able to get appointments when they needed them.

We noted that a lower percentage of patients who responded to the patient survey (56% compared to the CCG average of 71% and national average of 75%) were satisfied with the practice's opening hours. However, patients we spoke with on the day and the representative of the PPG did not have concerns about hours. The practice was encouraging the use of telephone consultations, following a review of the appointments system, and had introduced online booking. It had investigated a telephone-based automated appointments booking system, but this had been rejected by patients in response to a practice survey.

Listening and learning from concerns and complaints

The practice had generally effective system in place for handling complaints and concerns.

Are services responsive to people's needs?

(for example, to feedback?)

- Its 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.
- Although there was no poster providing information on how to make a complaint, we saw that forms were available in the reception area and were provided upon request.

We saw that the practice monitored and reviewed all complaints received and comments left by patients on the NHS Choices website. We were shown a summary of the four written complaints and one verbal complaint made in the last 12 months. The summary had been prepared for review by the practice team prior to us giving notice of our inspection. We saw that the complaints had been handled appropriately, dealt with in a timely way, with openness and transparency. For example, in two cases, patients had been sent letters regarding their apparent failure to attend

appointments. An investigation showed that the letters ought not to have been sent; the errors having been made by a temporary apprentice, who worked at the practice for only a short time. The practice manager telephoned and wrote to both patients apologising for the incidents. In another case, when a patient was sent a letter about non-attendance they informed the practice that they suffered from slight memory-loss and should have been reminded of the appointment. The investigation showed that the practice had not been aware of the patient's condition. It also showed that the patient had previously opted out of receiving text message reminders of appointments. As a consequence of the incident, staff considered that patients with similar conditions might be adversely affected by having opted to not to receive text reminder. Accordingly, they carried out a review of all patients who had opted-out, to prevent a similar situation from occurring.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Its statement of purpose was set out on the practice website and included the following stated aims and objectives –

- “The practice aims to provide excellence in patient care. We aim to dedicate our skills, energies and resources to provide all patients with individual and sensitive care in a safe comfortable environment. We are dedicated to ensuring that Practice staff and Doctors are trained to the highest level and to provide a stimulating and rewarding environment in which to work.”
- “Our practice ethos centres heavily around the principle of patient-centred care with heavy investment in a continuity of care with a named doctor, a system we have operated for many years.”

Staff we spoke with knew, understood and fully supported this.

The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice-specific policies were implemented, regularly reviewed 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 which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The Provider had the experience, capacity and capability to run the practice and ensure high quality care. They

prioritised safe, high quality and compassionate care. The Provider was visible in the practice. Staff told us the Provider approachable and always took the time to listen to them. They said the Provider involved them in discussions regarding the practice and we saw evidence of this, for instance in formal review meetings of patients’ complaints.

There was a clear leadership structure in place and staff felt supported by the Provider. Staff told us the practice held regular team meetings and all members of staff were encouraged to identify opportunities to improve the service delivered by the practice.

The practice was aware of and complied with the requirements of the Duty of Candour. The Provider encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents or when patients’ complaints were upheld,

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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 had gathered feedback from patients through the patient participation group (PPG) and through surveys, complaints and suggestions and monitoring patients’ reviews on the NHS Choices website. There was a small, but active PPG with four members, which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, we saw the practice’s 2016 action plan which was developed in consultation with the PPG. It mentioned improving telephone access by introducing a queuing system and publicising busy times when contacting the practice was likely to be more difficult. The practice was also make clear the best time for patients to request test results and was promoting the use of the online appointments booking system. The practice was actively

Are services well-led?

Good 

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

seeking to enlarge the PPG by advertising it on the waiting room TV screen, notice boards and on its website. In addition, new patient registration packs would include information and a PPG sign-up form.

The practice had gathered feedback from staff generally through informal staff meetings, appraisals and general discussion. The practice team consists of only the Provider and three permanent administrative staff. We saw that they worked well together and were supportive of one another. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues.

Continuous improvement

There was a strong 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. For example, the Camden CCG had agreed to the practice participating in local pilot relating to paediatric asthma patients, intended to investigate and address the lower than predicted prevalence in the CCG area. In addition, the practice had appointed its assistant manager as non-clinical safeguarding lead. Staff told us the role was unique among Camden practices. It was designed to manage information and correspondence about children “in need”, or “at risk”, etc., to ensure it is used effectively and efficiently to monitor and improve patient care and outcomes.