

Adelaide Medical Centre

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	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 the 12 November 2015. Overall the practice is rated as good.

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.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

However there was an area of practice where the provider needs to make improvements.

The provider should –

Summary of findings

- Continue with efforts to increase the membership of the patient participation group for it to be more representative of the patient population.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

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

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.
- 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- It 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.
- 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
- 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.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- There was an identified clinical lead for this patient group.
- The practice provided a service to two local care homes.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



People with long term conditions

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

- Identified clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Data showed that 75% of the 361 patients with diabetes had undergone a foot check and 22 of 80 heart failure patients had been reviewed so far this year.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- There were identified clinical leads for this patient group and for adult safeguarding and child protection.
- 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.

Good



Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 80.16% which was comparable to the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with health visitors and other healthcare professionals.

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.

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.

- There were identified clinical leads for homeless patients and those with learning disabilities.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told 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.

Good



Summary of findings

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).

- There was an identified clinical lead for this patient group.
- Data showed that 85% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was better than the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It 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 people 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 in July 2015, covering the period July - September 2014 and January - March 2015. The results showed the practice was performing in line with local and national averages. 389 survey forms were distributed and 105 (27%) were returned.

- 71% found it easy to get through to this surgery by phone compared to a CCG average of 75% and a national average of 73%.
- 83% found the receptionists at this surgery helpful (CCG average 84%, national average 87%).
- 89% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 84% said the last appointment they got was convenient (CCG average 86%, national average 92%).
- 71% described their experience of making an appointment as good (CCG average 68%, national average 73%).

- 55% usually waited 15 minutes or less after their appointment time to be seen (CCG average 62%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards which were all positive about the standard of care received. Patients said the practice was extremely caring and that they were treated with the utmost dignity and respect. They said the attention they received was exceptional and the service was exemplary.

We spoke with seven patients during the inspection. All the patients said that they were happy with the care they received and thought that staff were approachable, committed and caring. We also spoke with six members of the patient participation group.

We also looked at the NHS Choices website and saw that 17 (78%) of the 22 patients who had left a comment would recommend the practice and all of the 13 patients who had completed the Friends and Family Test would recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

- Continue with efforts to increase the membership of the patient participation group for it to be more representative of the patient population.

Adelaide Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a second CQC inspector, a practice nurse specialist advisor, a practice manager specialist advisor and an Expert by Experience.

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 12,000 patients. The practice is part of the NHS Camden Commissioning Group (CCG) which is made up of 40 general practices.

The clinical team is made up of eight GPs, five of whom are female and three male. Five of the GPs are partners in the practice; three are employed. The clinical team is completed by a nurse practitioner, two practice nurses and a healthcare assistant. There is a practice manager and an administrative team of eleven.

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 operates for 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.

The practice has opted out of providing an out-of-hours service. Patients calling the practice outside operating hours are referred to the local out-of-hours provider. Patients may dial the NHS 111 service, which connects the call, as appropriate. Details are given on the practice website. It is a training practice and at the time of the inspection there were four GP registrars working there.

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

The patient profile for the practice indicates an older population than most practices within the area.

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.

It had not been inspected previously.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 November 2015. During our visit we:

- Spoke with a range of staff, including GPs, a registrar, the practice nurse and practice manager and administrative staff. We also spoke with patients who used the service and other health care professionals who had dealt with the practice on a regular basis.
- Observed how people were being cared for and talked with carers and/or family members.
- Reviewed 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 are provided for specific groups of people and what good care looks 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 also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. There had been 15 recorded significant events at the practice over the preceding two years. We saw that these were appropriately investigated, monitored and reviewed. Significant events were discussed at team meetings so that learning points could be passed on to staff and, where appropriate, other healthcare professionals. For example, when a baby had been discharged from hospital with unsuitable pain relief medication the matter was notified to the consultant, who in turn fed back to the hospital team.

During our inspection, we found condensation in one of the vaccines fridges and brought this to staff's attention. The incident was appropriately treated, recorded and investigated as a significant event.

When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people 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 policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding

meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training safeguarding vulnerable adults and child protection, appropriate to their role. The GPs and nurses were trained to level 3 in child protection. We saw that one of the nurses, who was newly qualified, was scheduled for training in December 2015.

- A notice in the waiting room advised patients that staff members would act as chaperones, if required. The process was overseen by the nurse practitioner. The 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). We saw evidence that refresher training was scheduled to be provided and other staff members who had not previously undertaken a chaperoning role had been invited to consider carrying out the duties and receive the training. We saw the practice's detailed chaperone procedure, which set out guidance on how chaperoned consultations should be conducted and recorded. Staff we spoke with understood the role and told us how they would go about it.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Cleaning was done in accordance with detailed schedules, which was well recorded. Toys and equipment for children attending the practice were of a suitable type and were cleaned appropriately. There were adequate supplies of personal protective equipment such as gloves, aprons and masks. The reception area, toilets and consulting rooms had soap and disinfectant gel dispensers and we saw that hand washing guidance was posted around the premises. Waste bins were pedal-operated. Sharps bins, for safe disposal of needles and blades, were properly constructed, labelled and sited. All disposable equipment we checked was in date and fit for use. The practice monitored the supply of such equipment appropriately. Curtains in the consultation rooms were dated and changed monthly. Couches were cleaned

Are services safe?

with disinfectant wipes between consultations and paper covers were used. The health care assistant cleaned the trolleys, surfaces and beds daily with disinfectant wipes.

The nurse practitioner was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. Infection control was a standing item, discussed at weekly clinical meetings. There was an infection control protocol in place. All staff, with the exception of two who had been appointed recently, and one who had returned from extended leave, had received up to date training. The practice confirmed that appropriate training would be arranged for them. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The previous audit had been carried out in July 2014 and the next was slightly overdue. The practice sent us evidence to confirm the 2015 audit was completed the day after our inspection.

- 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. Data showed that prescribing at the practice was comparable to others practices and did not give rise for concerns. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.

We noted that printers used for prescriptions had no locks, possibly allowing access to the forms by unauthorised persons. We discussed this with staff and were told that the printers had been supplied by the CCG. The practice manager contacted the CCG forthwith and suitable locks were ordered. Arrangements were made for the secure storage of bulk supplies of prescription forms.

We checked the medicines and vaccines fridges. Staff monitored and recorded fridge temperatures and we discussed what action they would take in the event that the temperatures exceeded the recommended range. All medicines and vaccines were within date and stored

appropriately – not touching the sides or back of the fridges, which might reduce their temperature to below a safe level. Adult and child vaccines were stored separately. We noted that the packaging of some stock in one of the fridges was damp, most likely due to condensation. We raised this with the practice which instigated a significant event review. The manufacturer was contacted immediately and guidance obtained. We were later provided with evidence of how the matter was followed up in accordance with the guidance provided.

- We reviewed six personnel files and found that 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. For clinical staff, there was a record of their Hepatitis B immunisation status.

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. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment had been inspected in February 2015 to ensure the equipment was safe to use and clinical equipment was inspected and calibrated in July 2015 to ensure it was working properly. The practice also 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. We saw that a legionella risk assessment booked for the end of November.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

Are services safe?

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency and the consultation rooms were fitted with panic buttons.
- Most staff had received annual basic life support training. Two training events that had been planned were cancelled by the training providers at short notice. The practice confirmed that the remainder would be provided with training in December 2015.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. We checked and confirmed the defibrillator pads were within date and the battery charged, ready for use. Anaphylactic packs, containing emergency adrenaline, were available, together with a first aid kit. An accident book was kept, with appropriate information recorded.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the emergency medicines we checked were in date and fit for use.
- Fire fighting equipment had been inspected in January 2015, with staff having received training in fire awareness, and there were identified fire wardens and deputies. The fire alarm and emergency lighting was regularly tested.
- 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.

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 clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- 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 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 available to us at the date of the inspection were for 2013/2014. They showed an achievement of 98.3% of the total number of points available, (7% above the CCG average and 4.8% above the national average) with 6.5% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data showed –

- Performance for diabetes related indicators was 91.1%, being 3% above the CCG average and 1% above the national average.
- Performance for hypertension related indicators was 100%, being 12.1% above the CCG average and 11.6% above the national average.
- Performance for mental health related indicators was 100%, being 10.8% above the CCG average and 9.4% above the national average.
- Performance for dementia related indicators was 100%, being 5.1% above the CCG and 6.6% above the national average.

Clinical audits demonstrated quality improvement.

- There had been 12 clinical audits conducted in the last two years, three of these were completed cycles where the improvements made were implemented and monitored. The practice carried out other audits on an annual basis.
- Findings were used by the practice to improve services. For example, we saw a very effective outcome for patients following a completed audit of care relating to Non Alcoholic Fatty Liver Disease. The condition carries a risk of progressing to liver fibrosis. An assessment of the risk can be made using a process called Fibrosis 4. The initial audit showed that only 5% of the patients had had such an assessment and so clinicians were informed of the need to carry out the Fibrosis 4 assessment. When the matter was re-audited, it was shown that an assessment had been carried out for 88% of the patients. There was an appropriate explanation of why the remaining 12% had not been assessed. We also noted that the auditor planned to review findings six months later to further monitor the improvement.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. Not all staff had had an appraisal within the last 12 months, but we saw that this had been identified by the practice and that the outstanding appraisals had been scheduled over several weeks following our inspection.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. We saw the practice staff attended specific training by experts in fields such as urology, neurology and child psychiatry.

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 people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis, at least quarterly but more often when appropriate, and that care plans were routinely reviewed and updated. We spoke with a mental health practitioner who confirmed that the practice worked well with them, referring patients and providing information in a timely manner, ensuring appropriate care and treatment.

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 GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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 condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. The practice had helped 26 patients to give up smoking in the last two years.
- The practice provided a service to two local hostels for homeless people, which included an outreach health check service for patients staying at the hostels. Forty-eight homeless patients had agreed to health checks last year.
- The practice also provided a service to two local care homes, involving weekly "ward rounds" where the needs of residents were monitored.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 80.16% which was comparable to the national average of 81.88%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. 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 better than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 79.9% to 96% and five year olds from 92.9% to 99.1%. Flu vaccination rates for the over 65s were 75.36%, and for at risk groups 53.29%. These were above national averages.

Are services effective? (for example, treatment is effective)

The practice maintained a frailty register of 85 older patients whose care was discussed at monthly multidisciplinary meetings. All patients over 75 years old had been informed of their named GP. Processes were in place to ensure that all hospital discharge letters were reviewed by a GP upon receipt. Eleven per cent of the patients were prescribed four or more medications, of whom 77% had had their prescriptions reviewed in the last 12 months. Fifteen-minute appointments were standard for older patients.

Cognition tests had been carried out relating to 22 patients over the past 12 months assisting in the diagnosis of dementia, with the practice list now totalling 98 patients.

The practice maintained registers of patients with long term conditions, such as diabetes, heart failure and hypertension. Data showed that 75% of the 361 patients with diabetes had undergone a foot check and 22 of 80 heart failure patients had been reviewed so far this year.

The practice had invited all 32 patients on its learning disabilities register for reviews, of whom six had attended. Chaser invites were being sent and reviews were to be done opportunistically.

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. All eligible patients had been invited over the last three years, of whom 969 (30%) had attended. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

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

All except two of the 25 patient CQC 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. One of the patients comment cards mentioned a long waiting time at the practice and the other questioned the manners of staff, but did not provide any further detail. The other comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was slightly below the CCG average for its satisfaction scores on consultations with doctors and nurses. For example:

- 79% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 72% said the GP gave them enough time (CCG average 80%, national average 87%).
- 95% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 71% said the last GP they spoke to was good at treating them with care and concern (CCG average 80%, national average 85%).

- 77% said the last nurse they spoke to was good at treating them with care and concern (CCG average 82%, national average 90%).
- 83% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%)

However, this was not borne out by the patients and the six members of the patient participation group who we spoke with on the day. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Care planning and involvement in decisions about care and treatment

Patients 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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local averages. For example:

- 79% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 77% said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 81%)

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.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 149 patients on the practice list as carers. Written information was available to direct carers to the various avenues of support available to them and links were provided on the practice website.

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 consultation 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. One of the partners at the practice was the chair of the Camden CCG governing body and the practice manager was an elected representative liaising extensively with the local GP federation.

- The practice offered extended hours two mornings week and one evening for bookable appointments, as well as a Saturday morning surgery for working patients who could not attend during normal opening hours.
- There were longer appointments available for older patients and people with a learning disability.
- Home visits and telephone consultations were available for older patients / patients who would benefit from them.
- Same day appointments were available for children and those with serious medical conditions.
- The premises were on one level, with a temporary ramp being available for patients and visitors needing help over the front entrance step. It practice had disabled facilities and translation services available.
- The practice had suitable toys and equipment available for children. Parents told us the children were treated in an age-appropriate way.

Access to the service

The practice opened from 8.00am to 6.30pm, Monday to Friday, with clinical appointments available throughout the day from 8.30am. It operated 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 operated for booked appointments on Saturday morning between 8.00am and 10.00am. Phone lines were open from 8.30am to 6.00pm, Monday to Friday. Guidance on when to call the practice for specific issues was given on the practice website. The practice remained open at lunchtime.

All consultations were 15 minutes long. Appointments with GPs could be booked two to three weeks in advance. The practice held back some appointments which enabled it to have some non-urgent appointments available within two working days. Emergency appointments were also available for people that needed them. The nurses' clinics operated from 7.45am to 6.00pm on Monday and from 8.15am to 6.00pm on Tuesday to Friday. Home visits and telephone consultations were available to patients who could not attend the surgery. Appointments could be booked and repeat prescriptions ordered online for patients who had registered to use the facility. Patients without access to computer could book an appointment using an automated telephone system.

The practice had opted out of providing an out-of-hours service. Patients calling the practice outside operating hours were referred to the local out-of-hours provider. Patients could dial the NHS 111 service, which connected the call, as appropriate. Details were given on the practice website.

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 which could be negotiated using a temporary ramp which staff fixed in place when needed. The practice was working with the local authority to identify new premises nearby, which would be larger and have suitable access.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was generally comparable to local and national averages. People told us on the day that they were able to get appointments when they needed them. One of the comments cards mentioned there were sometimes delays in being seen at the appointed time.

- 63% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 75%.
- 71% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).
- 71% patients described their experience of making an appointment as good (CCG average 68%, national average 73%).

Are services responsive to people's needs?

(for example, to feedback?)

- 55% patients said they usually waited 15 minutes or less after their appointment time (CCG average 62%, national average 65%).

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There was a leaflet available in the waiting area and a link on the practice website. The leaflet told patients how they could escalate their complaint if they were not satisfied with how the practice had dealt with it.

We saw that complaints were reviewed at clinical meetings so that lessons learned could be passed on. An annual complaints audit was carried out to identify trends or underlying causes. The audit was discussed at a meeting of all staff, who were invited to comment and suggest any

possible improvements. We looked at a summary of issues treated by the practice as complaints and reviewed a number of detailed records. Thirty-one complaints were received in 2014, with 24 in 2015. We noted a number could be viewed more as suggestions, rather than formal complaints. We found they had been satisfactorily handled, dealt with in a timely way, with openness and transparency. Lessons were learned from concerns and complaints and action was taken to as a result to improve the quality of care. Examples of improvements included a poster being produced and displayed to clarify the operating of the pre-booked Saturday morning clinic and reception staff being trained to highlight on patients' records when telephone consultations had been requested to ensure they were not missed. One of the patients' comments card mentioned their having made a complaint, stating that it had been dealt with immediately, faultlessly resolved by the practice and that the outcome was positive.

The practice monitored and responded to patients' reviews left on the NHS Choices website. It invited comments and suggestions on its own website, which we also saw encouraged patients to complete the General Practice Assessment Questionnaire (GPAQ).

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.

- The practice's statement of purpose was "To strive to deliver, in partnership with our patients, the highest quality care within the NHS".
- The practice website stated that "The doctors and staff ... are proud to offer the highest standard of patient-centred healthcare".
- 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 and were available to all staff.
- A comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- All issues that we discussed with staff during the inspection were immediately and appropriately acted upon.

Leadership, openness and transparency

GPs and managers had the experience, capacity and capability to run the practice and ensure high quality care.

They prioritise safe, high quality and compassionate care. The GPs and managers were visible in the practice and staff told us that they were approachable and always took the time to listen to them.

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.

When there were unexpected or unintended safety incidents:

- The practice gives affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.
- There was a clear leadership structure in place and staff felt supported by management.
- We saw that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

It had gathered feedback from patients through the patient participation group (PPG) and through surveys, suggestions and complaints received. There was an active PPG of 15 patients which met on a monthly basis. PPG members we spoke with were very positive regarding how the practice engaged with the group and about the service generally.

There was also a patient reference group of 30 members, with whom the practice liaised via email. The PPG carried

Are services well-led?

Good 

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

out patient surveys and submitted proposals for improvements to the practice management team. For example, following requests from the PPG the practice put up a board of staff photos and a PPG notice board to highlight its role and activity and to encourage participation. The practice also produced a newsletter twice a year on behalf of the PPG. It was recognised that the PPG was under-represented for various patient groups and the practice was actively trying to increase involvement. The practice had two open evenings a year, encouraging patients to attend and give feedback on the service and make suggestions for improvements or changes.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they

would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. Staff members we spoke with were very happy in their role and spoke highly of the team working at the practice.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice was supporting the nurse practitioner to become a trainer and had support the health care assistant to be accredited. The practice team was forward thinking and participated in local schemes to improve outcomes for patients in the area.