The Bloomsbury Surgery

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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection on 27 July 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. Staff had been trained to provide them with 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 how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- 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.
- Data showed the practice was performing above local and national averages in several aspects of care.

However, there were some areas where the practice should make improvements:

- It should continue with efforts to improve patients' satisfaction over staff members' engagement, approach and communication.
- It should continue with efforts to increase the size of the patient participation group.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

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

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above local and national averages.
- The practice was performing well in relation to prescribing low levels of antibiotics and hypnotics and anxiolytics (medications used to treat anxiety and insomnia).
- The practice monitored performance and where the need for some improvement had been identified it had implemented actions.
- 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 other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care. However, the practice was being proactive in addressing patients' perceived concerns.

Summary of findings

- Patients told us 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?

Good

The practice is rated as good for providing responsive services.

- Early morning and evening appointments were available for patients unable to attend during normal working hours.
- Patients told us the practice was accessible, flexible and offered continuity of care.
- 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 the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- 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 it.
- 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.
- There were daily structured clinical meetings allowing for good communication between staff.
- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active. The practice was working to increase the size of the group.
- There was a 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

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice maintained a case management register of patients at high risk of admission to hospital. Sixty-nine patients were currently on the register, all of whom had up to date care plans.
- Records showed that 369 patients were prescribed four or more medications, all of whom had had a structured annual review.
- The uptake for bowel cancer screening was above the local average.
- Sixty patients identified as being at risk of developing dementia had been offered cognition testing.
- The practice had 176 patients aged over-75, all of whom had been visited or contacted in the last 12 months.
- The flu immunisation rates for patients aged over-65 was 80%, being above local and national averages.

People with long term conditions

Good

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

- The practice held monthly meetings to discuss patients at higher risk of unplanned admission to hospital.
- Longer appointments and home visits were available when needed.
- The practice's performance relating to diabetes care was above local and national averages.
- The practice maintained a register of 235 patients with diabetes, of whom 198 (85%) had undergone a foot examination and 204 (87%) had undergone retinal screening.
- The flu vaccination rate for patients with diabetes was 98.95%, being 4% above the national average.
- The practice maintained of register of 23 patients with heart failure, all of whom had had an annual medicines review in the preceding 12 months.

Summary of findings

- The practice's performance relating to asthma care and chronic obstructive pulmonary disease was comparable with local and national averages.

Families, children and young people

Good

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 and maintained a register of vulnerable children.
- Take up rates for all standard childhood immunisations were above the local average.
- Data showed the take up rate for flu immunisations for children aged two-to-four years was above the local average.
- 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.
- 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 and health visitors, including monthly MDT meetings.
- The practice had identified 368 mothers prescribed four or more medications, all of whom had had a structured annual review.

Working age people (including those recently retired and students)

Good

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

- 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.
- Evening appointments were available for those patients who could not attend during normal working hours.
- Telephone consultations were available.
- The practice's uptake for the cervical screening programme was comparable with the local. It was seeking to increase this, particularly among the local Bengali community.
- Data showed that 1,198 patients (being 92% of those eligible) had undergone blood pressure checks in the last five years.

Summary of findings

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including six homeless people and eight patients with a learning disability.
- The register of homeless patients was used for health promotion, with the practice sending invites for sexual health and blood-borne virus screening and to recall for vaccinations such as Hepatitis B, flu and pneumonia.
- The practice offered longer appointments for patients with a learning disability. All patients on the learning disability register had had an annual follow up and their care plans reviewed.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

- The practice maintained a dementia register of 15 patients, all of whom had had their care reviewed in a face-to-face review in the preceding 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- Continuity of care for patients experiencing poor mental health was prioritised.
- The practice had a register of 46 patients with severe mental health problems, 96% of whom had received an annual health check.
- Ten of the thirteen eligible patients on the severe mental health register had cervical cancer screening in the last five years.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

- 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.

Summary of findings

What people who use the service say

What people who use the practice say

The latest national GP patient survey results available at the date of the inspection had been published in January 2016 and covered the periods January - March 2015 and July - September 2015. The results showed the practice was performing in line with local and national averages. Three hundred and sixty five survey forms were distributed and 93 were returned. This represented roughly 2.25% of the practice's list of approximately 4,300 patients.

- 84% of patients found it easy to get through to this practice by phone compared to the local average of 76% and the national average of 73%.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 84% and the national average of 85%.
- 81% of patients described the overall experience of this GP practice as good compared to the local average of 84% and the national average of 85%).
- 67% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 79% and the national average of 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards, most of which were very positive about the standard of care received, saying that staff were friendly, supportive and helpful, and that the premises were always clean. They said that GPs and clinical team took time to explain healthcare issues and involved them in decision making. One card questioned the attitude of one of the receptionists and another said there were sometimes long waiting times at appointments.

We spoke with six patients during the inspection, three of whom were members of the patient participation group. The patients said they were generally very satisfied with the care they received and thought staff were approachable, committed and caring.

There had been 299 patient responses to the Friends and Family Test over the last 12 months; of which, 284 (95%) were likely to recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

- The practice should continue with efforts to improve patients' satisfaction over staff members' engagement, approach and communication.
- It should continue with efforts to increase the size of the patient participation group.

The Bloomsbury Surgery

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, a practice nurse specialist adviser and an Expert by Experience.

Background to The Bloomsbury Surgery

The Bloomsbury Surgery operates from 1 Handel Street, London WC1N 1PD, premises owned and managed by the local NHS trust and shared with other healthcare services. The practice is near Russell Square underground station and Kings Cross is short distance away, with good transport links.

The practice provides NHS services through a General Medical Services (GMS) contract to approximately 4,300 patients. It is part of the NHS Camden Clinical Commissioning Group (CCG) which is made up of 40 general practices. The practice is registered with the Care Quality Commission to carry out the following regulated activities - Maternity and midwifery services; Family planning; Treatment of disease, disorder or injury; Diagnostic and screening procedures; and Surgical procedures. The patient profile has a higher than average young adult and working age population, with a lower than average number of children, teenagers and patients aged over-50. The practice has a higher than average overall deprivation score, being in the third "more deprived decile". The patient list has an average 13% turnover rate and approximately 20% of the registered patients are of Bengali background.

The practice has a clinical team of two partner GPs (one female, working four clinical sessions per week and one male, working five), two salaried GPs (one female, who works two clinical sessions and one male, who works four), a female nurse practitioner (working eight sessions per week) and a female trainee practice nurse. There are 12 patient appointment slots per clinical session. One of the partner GPs is at the practice each day. It is a teaching practice, with three registrars (qualified doctors gaining general practice experience) currently placed there. The practice employs a part-time counsellor. The administrative team is made up of an assistant practice manager, a secretary and three receptionists.

The practice's opening hours are 8.30 am to 8.00 pm on Monday, and 8.30 am to 6.30 pm on Tuesday to Friday. Appointments are available between 8.30 am and 7.30 pm on Monday; from 8.00 am to 6.00 pm on Tuesday and Wednesday; and from 8.30 am to 6.00 pm on Thursday and Friday. Appointments are normally available within two working days, although patients wishing to see a preferred GP may have to wait longer. The GPs conduct telephone consultations with patients and make home visits. Appointments with the nurse practitioner are normally available within one working day. Patients may book appointments up to eight weeks in advance. There is a 24-hour automated system allowing patients to book appointments by phone. If they have previously registered for the system, patients can also book appointments and request repeat prescriptions online.

The practice is closed at weekends, but a number of weekend appointments are available under a local scheme operating at three locations across the borough. 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 information given about the out-of-hours provider and the NHS 111 service on the practice website.

Detailed findings

Why we carried out this inspection

We carried out a comprehensive inspection of the practice 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 27 July 2016. During our visit we:

- Spoke with a range of staff including partner GPs, the nurse practitioner, the assistant practice manager and members of the administrative team. We also spoke with six patients who used the service, including members of the patient participation group.
- 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.

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. These included actual incidents and near misses.

- One of the partner GPs was responsible for leading on significant events and incidents. Staff told us they would inform the partner GP of any incidents and we saw that there was a recording form available on the practice's computer system. We saw several examples of completed forms. The incident recording form supported the recording of notifiable incidents under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had a detailed procedure for recording and investigating significant events, to ensure a thorough analysis of the significant events was carried out. We saw that events were discussed at monthly meetings and all staff were encouraged to contribute to discussions. In addition, we saw that significant events were reviewed annually to identify trends and review performance.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, there had been 16 incidents treated as significant events in the previous 12 months. One of the incidents related to a member of staff becoming ill. The GPs attending had not been able to immediately check the staff member's blood sugar level as the monitor had been removed from the emergency trolley. The monitor was subsequently found, together with a number of out of date testing strips. The incident led to a review of procedures. This included ensuring the blood sugar monitor was replaced on the emergency trolley after use and the introduction of a checklist that would be affixed to the trolley detailing its contents. A staff member was designated to check the trolley on a monthly basis to ensure the equipment and necessary supplies were present and in date.

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. These arrangements reflected relevant legislation and local requirements. The policies were accessible to all staff and had last been reviewed in July 2016. We saw they had been discussed with staff at a recent training meeting. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the partner GPs was responsible for both adult safeguarding and child protection issues. Safeguarding was a standing item on the clinical meeting agenda. Cases of concern were coded and updated. The practice told us that two codes, relating to Adult safeguarding concerns and Vulnerable adults, would be used in future. The practice ran monthly records searches to monitor cases. There were monthly meetings with health visitors to discuss new and ongoing concerns and we saw minutes to confirm this. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all but two had received refresher training on safeguarding children and vulnerable adults relevant to their role. The practice sent us evidence shortly after the inspection that the two staff members concerned had completed online training. GPs and the nurse practitioner were trained to child safeguarding level 3; the trainee nurse to level 2, with the remaining staff being trained to level 1. We saw that the practice had a policy on female genital mutilation which had also been reviewed in July 2016.
- A notice in the waiting room advised patients that chaperones were available if required. The practice policy, which had last been reviewed in July 2016, was that only clinical staff performed chaperone duties and we saw they had received training and repeat Disclosure and Barring Service (DBS) checks had been carried out.

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. Cleaning was undertaken by the landlord's contractor following agreed written cleaning schedules. There was a communications book allowing comments and messages to be passed to the cleaners. The nurse practitioner was the lead on infection control issues, who carried out monthly checks. The infection control policy had last been reviewed and updated in in July 2016. All staff had been informed of the revision and all but three had received up to date online training. We were sent evidence shortly after the inspection that the remaining three staff members had completed the training online. Infection control was an area covered by the staff induction process. The practice liaised with the local infection prevention teams to keep up to date with best practice. Annual infection control audits were carried out, the last being done in October 2015. We saw that disinfectant gel was available and hand washing guidance was provided by posters throughout the premises. Clinical waste, including sharps bins, was collected weekly and disposed of by a licensed contractor. Notices advising on procedures relating to sharps injuries were posted in the treatment and consultation rooms. Disposable curtains were used in the treatment and consultation rooms and had a note affixed of when they had been put up and were due to be changed. The practice had spillage kits and a sufficient supply of personal protective equipment, such as surgical gloves, aprons and masks. Staff we spoke with were aware of the appropriate procedures to follow. The practice did not have a cleaning schedule for equipment such as spirometer, but agreed to introduce one straight away. All medical instruments were single-use. We found that cleaning materials used by the landlord's contractor were stored in a filing room near the boiler. The practice confirmed shortly after the inspection that these had been moved to a secure cupboard elsewhere on the premises.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe including obtaining, prescribing, recording, handling, storing, security and disposal. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. 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. It benchmarked its prescribing practice using data provided by the CCG. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow the nurse practitioner, who was supervised by the partner GPs, to administer medicines in line with legislation. The practice appropriately monitored and recorded stocks of medicines and vaccines, including those for home visits. The practice's vaccines fridges had been inspected in February 2016. We saw that the fridge temperatures were monitored, using two thermometers, and recorded. The practice cold chain policy had been reviewed in July 2016. All the medicines and vaccines we saw were within date and fit for use. No controlled drugs were kept on the premises.
- We reviewed six 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 Criminal Records Bureau or later by the Disclosure and Barring Service. There was also a record of staff's Hepatitis B immunisation status and of the flu vaccinations they had received.

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. The fire safety policy was reviewed in July 2016. An annual fire risk assessment was overdue, but the practice provided evidence shortly after the inspection that one had been carried out. It also sent us evidence that annual fire awareness training had been booked for staff. Firefighting equipment had been checked and serviced in August 2015. The practice carried out fire drills and the fire alarm and emergency lighting were tested monthly. The annual testing of electrical equipment (PAT testing) and the annual inspection and calibration of medical equipment had been done in February 2016. The last five-yearly inspection of fixed wiring had been carried out in 2012. A boiler and gas safety inspection had been completed in March 2016. The practice had a variety of risk assessments in place to monitor safety of the premises. A

number of these had been carried out by the landlord's facilities management contractor in February 2016, and included assessments relating to electrical, gas and water systems, including legionella, a particular bacterium which can contaminate water systems in buildings. The legionella risk assessment had been conducted in July 2016. Other assessments had been completed by the practice, covering such issues as cleanliness, slip and trip hazards and the Control of Substances Hazardous to Health (CoSHH). Staff conducted regular general health and safety checks as part of their infection control monitoring.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents. One of the partner GPs was at the practice each day.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training. We saw the practice's Emergency protocol, last reviewed in July 2016, which included guidance issued by the Resuscitation Council (UK).
- The practice had a defibrillator available on the premises, which was checked on a regular basis. We saw that the pads were in date and the battery was charged ready for use. The practice had an emergency oxygen supply, a first aid kit and an accident recording book was used.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. Supplies were logged and monitored.
- The practice had a detailed business continuity plan in place. The plan had been reviewed in July 2016. It included arrangements for the service to relocate to a nearby "buddy" practice should the premises be unusable. It contained emergency contact numbers for staff, stakeholders, utilities providers and contractors.

Good

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 patients' needs. One of the partner GPs co-ordinated the process for dealing with NICE guidelines received. Guidelines and alerts were logged on a central record spreadsheet, collated in an alerts folder on the practice's computer intranet and passed on to clinicians by email. We were shown a recent example of NICE guidelines on the practice intranet regarding the diagnosis and management of diabetes in children and young people. Guidelines were discussed at clinical meetings and we saw minutes relating to guidance on Crohn's disease being considered.
- 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 recently published results related to 2014/15 and were 92.8% of the total number of points available being 5% above the CCG average and 3.5% above to the national average. The practice's clinical exception rate was 4.8%, which was 2.8% below the CCG average and 4.4% above the national average. 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.

This practice was not an outlier for any QOF or other national clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 99.5%, being 10.2% above the CCG average and 10.3% above the national average.
- Performance for hypertension related indicators was 100%, being 2.5% above the CCG average and 2.2% above the national average.
- Performance for mental health related indicators was 94.3%, being 4.4% above the CCG Average, and 1.5% above the national average.

The practice provided us with data for 2015/16, which showed it was on target to achieve improved figures, with a projected overall score 97% (541.51 points from the maximum available 559 points).

There was evidence of quality improvement including clinical audit. These included ones that had been initiated by the practice as well as a number by the local CCG. There had been 13 clinical audits carried out in the last two years. Of these, three were completed or ongoing repeat audits where the improvements made could be and monitored. For example, a two-cycle audit of patients' treatment for atrial fibrillation (irregular or fast pulse) was completed in April 2016. The results showed an improvement in the use and coding of two risk assessment tools ("Chads2vasc" and "Hasbled") from 24% and 22% initially to 100% by the time of the second cycle. The practice had installed templates drawn up by the local CCG on its computer system to aid calculation of risk scores In addition, the recording of the prescribing of anticoagulation drugs, used to prevent blood clotting, had improved from 30% to 69% over the course of the audit cycle.

The practice showed us various prescribing data. Statistics published by Public Health England show that the Camden CCG prescribes the fewest antibiotics, compared with other CCGs nationally. The local prescribing dashboard showed that the practice was the lowest prescriber among practices in the CCG, meaning effectively it was benchmarked nationally. We were told that of the little overall antibiotic prescribing, 90% of its prescriptions were from the ten first-line recommended antibiotics. The practice was also the lowest prescriber in the CCG of hypnotics and anxiolytics, which are medications used to treat anxiety and insomnia.

Effective staffing

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

Good

Are services effective?

(for example, treatment is effective)

- We saw examples of rotas for clinical staff prepared a month in advance.
- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- We saw that the practice had a suitable information pack for use by locum GPs, although none had been used in the past five years. This allowed for an increased level of continuity of care for patients.
- 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.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The 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. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support, the Mental Capacity Act and information governance. Staff had access to and made use of a range of e-learning training modules and in-house training.

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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Care plans for patients with complex needs were routinely reviewed and updated. We saw two examples of care plans agreed with and signed by patients. Multidisciplinary team meetings (MDTs) took place with other health care professionals on a monthly basis. There were separate MDTs relating to palliative care; child protection, involving health visitors; district nurses; and patients with mental health issues. We saw examples of minutes to confirm this. Health visitors and the district nurses were based in the same building as the practice, allowing for easy communication. We saw minutes confirming that health visitors also attended clinical meetings to discuss urgent concerns.

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 (MCA). We saw notes of a staff training meeting in May 2016, which covered the MCA and Deprivation of Liberty safeguards. Four staff members whose refresher training was overdue completed it shortly after the inspection.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- We saw the minutes of a staff training meeting when children's competency to consent to treatment was discussed, which included consideration of the Fraser Competence Guidelines, relating to contraceptive or sexual health advice and treatment.
- The practice computer system contained appropriate templates for use in establishing patients' mental capacity to consent and to record action taken in the patients' best interest.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Good

Are services effective?

(for example, treatment is effective)

- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to the relevant service. Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice had identified the smoking status of 98% of patients aged over-16; of the 1,075 patients listed as smokers, 1,053 had been offered smoking cessation advice and 167 had quit smoking in the last year.

The practice's uptake for the cervical screening programme 68% which was comparable with the CCG average. The practice was seeking to increase this with the nurses proactively chasing and by having its Bengali advocates offer invitations by phone. There was a policy to offer telephone reminders for all patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme for those with a learning disability and it ensured a female sample-taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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 as a result of abnormal results.

The flu immunisation rates for patients aged over-65 was 80%, above local and national averages. The practice told us this figure was the highest within the Camden CCG area. The practice had run weekly dedicated clinics in winter to provide flu immunisations, including some on Saturday mornings. Childhood immunisation rates were above local averages. For example, rates for the vaccinations given to under two year olds ranged from 90% to 94% and for five year olds from 86% to 96%. We were also shown data to indicate the practice had the highest flu immunisation uptake for two-to-four year olds in the CCG area.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 16-65 years. Data showed that 1,198 patients (being 92% of those eligible) had undergone blood pressure checks in the last five years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We 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 consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Almost all the 34 patient comments cards we received and the six patients we spoke with were positive about the service experienced. One card mentioned a receptionist had been abrupt with the patient. The other cards and the patients we spoke with highlighted that staff responded compassionately when they needed help and provided support when required. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We saw the minutes of a training meeting, when patient confidentiality was discussed.

The practice's satisfaction scores recorded by the GP patients' survey on consultations with GPs and nurses were below local averages. For example -

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 76% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 75% of patients said the last GP they spoke to was good at treating them with care and concern, compared to the CCG average of 83% and the national average of 85%.
- 81% of patients said the last nurse they spoke to was good at treating them with care and concern, compared to the CCG average of 87% and the national average of 91%.

In addition, 74% of patients said they found the receptionists at the practice helpful (CCG 87% and national 87%). None of the patients we spoke with mentioned concerns over their engagement with staff and only one of the comments cards suggested it was an issue.

We saw that the practice monitored the results of the patients' survey, together with the Friends and Family Test and reviews left by patients on the NHS Choices website. It also conducted its own patient surveys. It had prepared a review paper that had been shared with staff and was shortly to be discussed with the patient participation group. It recorded that there had been an improvement in results from the patients' survey over the last two years, but recognised a need for further actions to improve patients' experience of the practice. The action plan included the provision of customer service training for receptionists as well as working with its buddy practice to share knowledge and experience.

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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

However, we noted that results from the national GP patient survey regarding patients' involvement in planning and making decisions about their care and treatment were lower than local and national averages. For example -

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 70% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.

Good

Are services caring?

- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 85%.

The practice was aware of the results from its review. It had introduced the video recording of consultations, with consent, to monitor clinicians' engagement, approach and communication skills and to allow for reflection. This could then be discussed by the clinical team and used to identify any necessary remedial action.

The practice provided facilities to help patients be involved in decisions about their care. Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Bengali interpreters attended the practice twice a week for one GP session and another with the nurse practitioner.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs when a patient was recorded as being a carer. The practice had identified 101 patients as carers, being approximately 2.4% of the practice list. Written information was available in the waiting area and on the practice website 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 by post, offering a face-face or telephone consultation. We saw that information about bereavement and support services was available in the waiting area.

A welfare adviser attended the practice once a week to provide assistance to patients with housing and benefits issues.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- Routine pre-booked appointments were available from 8.00 am Tuesday and Wednesday mornings and until 7.30 pm on Monday evening for patients not able to attend during normal working hours.
- Routine appointments could be booked up to eight weeks in advance.
- Emergency consultations were available for children and those patients with medical problems which required urgent consultation.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- All patients could request a telephone consultation, avoiding the need to attend the practice.
- There were disabled facilities and a hearing loop available.
- Appointments could be booked, and repeat prescription requested, online. There was a 24-hour automated phone booking system.
- Text reminders, regarding appointments and regular routine monitoring, were sent to patients who had provided their mobile phone numbers.
- Bengali interpreters attended the practice twice a week for a GP session and another with the nurse practitioner.

Access to the service

The practice's opening hours were 8.30 am to 8.00 pm on Monday, and 8.30 am to 6.00 pm on Tuesday to Friday. Appointments were available between 8.30 am and 7.30 pm on Monday; from 8.00 am to 6.00 pm on Tuesday and Wednesday; and from 8.30 am to 6.00 pm on Thursday and Friday. Appointments were normally available within two working days, although patients wishing to see a preferred GP may have to wait longer. The GPs conducted telephone consultations with patients and make home visits. Appointments with the nurse practitioner were normally available within one working day. Patients could book appointments up to eight weeks in advance. There was a 24-hour automated system allowing patients to book appointments by phone. If they had previously registered for the system, patients could also book appointments and request repeat prescriptions online.

The practice was closed at weekends, but a number of weekend appointments were available under a local scheme operating at three locations in the borough. The practice had opted out of providing an out-of-hours service. Patients calling the practice when it is closed were connected with the local out-of-hours service provider. There was information given about the out-of-hours provider and the NHS 111 service on the practice website.

We saw from the results of the national GP patient survey showed that 84% of patients said they could get through easily compared to the local average of 76% and the national average of 73%; and that 71% of patients were satisfied with the practice's opening hours compared to the local average of 72% and the national average of 76%.

The practice had carried out an audit of appointments, following a review of patient survey results and other feedback. The audit had shown that consultations often lasted between 15 and 20 minutes and this might have a knock on effect on later appointments. The practice was prioritising providing information to patients about the appointments system and times in order to reduce any overrun and its consequent effect. Catch up slots had been introduced to allow vulnerable patients longer appointments.

The premises were accessible to patients with mobility problems. There were six treatment / consultation rooms, on the ground floor, with step-free access via ramps.

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.
- One of the partner GPs was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There were notices posted around the premises and a complaints leaflet available both at the practice and on its website.

Good

Are services responsive to people's needs?

(for example, to feedback?)

We saw that six complaints had been made during the last 12 months. The complaints were satisfactorily handled, dealt with in a timely way, with openness and transparency. They were monitored and discussed at monthly meetings with all staff and reviewed on an annual basis. The complaints were analysed to identify any trends and action was taken to as a result to improve the service and quality of care. For example, following a complaint regarding a patient being booked into a particular clinic, rather than getting a general appointment, it was noted that the mistake was due to the newly set up automated booking system. The practice arranged for the system to be reconfigured to prevent a recurrence of the problem.

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 aim and objectives were set out in its statement of purpose and included the following –

- "To provide high quality, safe, effective general practice care to all patients by committed and qualified health professionals, supported by well-trained efficient reception and administrative staff;
- To treat all patients and staff fairly, with dignity, integrity and respect in an environment which is safe and friendly which inspires confidence and trust;
- To treat all patients equally, with respect and courtesy, and without discrimination. Patients are treated equally regardless of ethnicity, individual beliefs, personal attitudes, sexual orientation, disability or the nature of their health condition;
- To provide an environment for staff that is both safe and supportive and allows them to enjoy work and develop their skills and interests;
- To facilitate staff training and development to improve the services we are able to offer patients through supervision and appraisal;
- To continue to work closely with other practices and providers in the area in order to provide enhanced access to services for our patients that we may otherwise not be able to offer;
- To always engage our patients in the provision of our services and to seek feedback and participation wherever possible;
- To manage long term conditions effectively, improving outcomes for patients and health commissioners. To do so compassionately, encouraging each patient in decision-making about their treatment and care; listening to each patient and supporting them to express their needs and wants;
- To be safe, responsive and well trained in dealing with acute medical issues, referring and treating appropriately. To be organized and well equipped to deal with any medical emergencies."

The practice had Vision and Values statement displayed in the waiting area. Staff we spoke with fully supported these. It had a robust strategy and supporting business plans which reflected the aims and values and which were regularly monitored.

Governance arrangements

One of the partner GPs was the lead on governance issues. 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. Policy reviews were diarised and revised documents were sent to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partner GPs demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partner GPs were approachable and always took the time to listen to all members of the practice team.

The practice was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. This included support training for all staff on communicating with patients about notifiable safety incidents. The partner GPs encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment.

- The 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.

Are services well-led?

Good

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

There was a clear leadership structure in place and staff felt supported by management.

- There were daily structured clinical meetings, allowing for good communication between clinicians. The meetings were minuted and we saw they covered individual patient issues, NICE guidelines, prescribing matters and audit results.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- 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 partner GPs 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. We saw that comments and suggestions forms were available in the waiting area and the practice website had facilities for patients to submit them electronically.

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG was made up of five members and we spoke with three. The PPG met every three to four months and submitted proposals for improvements to the practice management team. We saw the minutes of the last three PPG meetings, which mentioned discussions on issues such as funding and obtaining patients' views by a paper survey, rather than by email which had recently been tried, with limited results. One of the PPG members also mentioned efforts being made to reduce the number of patients who failed to attend booked appointments and the implementation of text reminders. We saw the 2015 action plan agreed with the PPG which included improved publicising of telephone consultations, the introduction of the 24-hour automated telephone booking system and encouraging patients to make more use of online facilities, such as booking appointments, ordering repeat prescriptions and accessing their medical records. The practice and the PPG had recognised that there was a need to improve patient participation by expanding the group. Effort was being made to publicise the PPG around the premises, in the practice information leaflet and on the website, although one of the PPG members said there was scope for the effort to be increased.

The practice had gathered feedback from staff through staff meetings, appraisals and general 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. Regular social events were arranged for staff.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. Staff had protected time for training and professional development. We saw minutes of a staff meeting, which referred to training being provided on cancer treatment and care for patients aged over-75, which all staff were encouraged to attend. We also saw minutes of two recent training meetings, when issues such as the Mental Capacity Act and infection control were discussed, and at which individual learning staff members had had was passed onto colleagues.

The practice was working with others nearby to set up video consultations with patients using the internet.