St Philips Medical Centre

Quality Report

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Date of inspection visit: 12 November 2015
Date of publication: 04/02/2016

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	Inadequate
Are services safe?	Inadequate
Are services effective?	Inadequate
Are services caring?	Requires improvement
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at St Philips Medical Centre on 12 November 2015. Overall the practice is rated as Inadequate.

Specifically, we found the practice to be inadequate for providing safe, effective, and well-led services and requires improvement for providing caring and responsive services.

The concerns which led to a rating of inadequate in safe, effective, and well-led apply to all population groups using the practice. Therefore, all population groups have been rated as inadequate.

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 were as follows:

- Although the practice carried out investigations when there were unintended or unexpected safety incidents, there was no documentary evidence that lessons learned were communicated throughout the practice to ensure that safety was improved.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. There were deficiencies in the systems and training for safeguarding, infection control, medicines management, dealing with medical emergencies and ensuring the safety of equipment.
- There were shortcomings in the practice's recruitment processes.
- There was limited evidence of a multidisciplinary approach to patient care and treatment.
- The practice carried out clinical audit but there was no evidence of completion of the full audit cycle to improve patient outcomes.

Summary of findings

- The practice promoted good health and prevention and provided patients with advice and guidance. However, the practice had not introduced care plans for older people and at risk groups.
- There was no evidence that learning from complaints had been shared with staff.
- Staff felt supported in their roles but there were gaps in key areas of the training they had received.

The areas where the provider must make improvements are.

- Ensure care and treatment is provided in a safe way, through improvements in the safety of infection control processes, medicines management and emergency and electrical equipment.
- Ensure gaps in staff training in safeguarding, chaperoning, infection control, medical emergencies and fire safety are addressed and evidence of all training completed is documented in staff records, including completion of the induction process.
- Ensure patients are fully protected against the risks associated with the recruitment of staff, in particular in the recording of recruitment information and in ensuring all appropriate pre-employment checks are carried out and recorded prior to a staff member taking up post. Where Disclosure and Barring Scheme (DBS) checks are not carried out for some staff, this should be risk assessed to evidence why.
- Ensure patients are protected from abuse and improper treatment through the completion of Disclosure and Barring Scheme (DBS) checks for staff who carry out chaperoning duties.
- Put in place a formal process for disseminating NICE guidelines to all GPs working at the practice to ensure guidelines are implemented for the practice as a whole.
- Ensure there are appropriate arrangements in place to assess, monitor and improve the quality and safety of the services provided, including the introduction of formal governance arrangements and further development of the systems for assessing the quality of the experience of service users in receiving those services.

In addition the provider should:

- Communicate lessons learned from incidents and complaints to all practice staff and document the discussion and action agreed.
- Arrange for the practice's policy on safeguarding to include details of local agencies to contact for further guidance if staff have concerns about a patient's welfare, and ensure staff have ready access to these details.
- Introduce care plans for patients over 75 and patients with chronic mental health issues.
- Make more systematic use of the information collected for QOF to review performance and improve quality.
- Carry out clinical audits and re-audits to improve patient outcomes.
- Foster greater participation in multidisciplinary working to co-ordinate patient care.
- Ensure locum (non-principal) doctors are informed of the outcome of hospital referrals or the results of tests they initiated.
- Design the service to meet all patients' needs.
- Develop a more robust planning process to address identified patient needs and determine the way services are delivered.
- Develop practice vision and values further and ensure they are communicated to staff and patients.

I am placing this practice in special measures. Practices placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The practice will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's

Summary of findings

registration to remove this location or cancel the provider's registration. Special measures will give people who use the practice the reassurance that the care they get should improve.

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?

Inadequate

The practice is rated as inadequate for providing safe services and improvements must be made.

Patients were at risk of harm because systems and processes were not implemented in a way to keep them safe:

- Outcomes and actions were recorded in incident reports but there was no documented evidence of wider discussion within the practice of lessons learned.
- There were omissions in the practice's safeguarding policies and gaps in training coverage. Staff who acted as chaperones were not trained for the role and had not received a disclosure and barring check (DBS check).
- There were shortcomings in the practice's infection control arrangements and gaps in the infection control training staff had received.
- Medicines management arrangements were not sufficiently robust, in particular with regard to prescription security and the processes for ensuring that medicines were kept at the required temperatures.
- There were deficiencies in recruitment processes, especially evidence of pre-employment checks.
- The arrangements for dealing with medical emergencies did not meet national guidance.
- Training in basic life support was not up to date for all locum (non-principal) doctors. Emergency medicines were not stored securely, not all such medicines were available or within expiry dates.
- Emergency equipment was available but not all staff knew where all of the equipment was stored. Some of the ancillary equipment (for example, masks) was not close to the oxygen cylinder and some of this equipment was out of date.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services and improvements must be made.

- There was no formal process for disseminating NICE guidelines to all GPs working at the practice to ensure guidelines were implemented for the practice as a whole.
- There were no care plans in place for patients over 75 or for patients with chronic mental health issues.

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- The practice did not systematically use the information collected for QOF to review performance and improve quality.
- The practice carried out clinical audit but there was no evidence of completing audits through the full audit cycle to drive improvement in performance to improve patient outcomes.
- There was limited participation in multidisciplinary working to co-ordinate patient care.
- There were arrangements in place for staff to receive mandatory training and additional learning and development. However, there were gaps in training staff had received in fire safety, infection control, basic life support and safeguarding of children.
- Locum (non-principal) doctors were not systematically informed by the principal GP of the outcome of hospital referrals or the results of tests they initiated.
- Childhood immunisation rates for the vaccinations given were mostly below CCG averages, although the number of children on the register was low.
- Flu vaccination rates for the over 65s and at risk groups were significantly below CCG and national averages. The practice's uptake for the cervical screening programme was also much lower than CCG and national averages.

Are services caring?

Requires improvement

The practice is rated as requires improvement for providing caring services, as there are areas where improvements should be made.

- Data from the national GP patient survey showed patients were broadly happy with how they were treated and the care they received. However, of 461 survey forms distributed, only 17(4%) were returned, so meaningful conclusions cannot be drawn from the data.
- The majority of patients we spoke with said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. However, four of the eleven spoken to commented negatively about the referral system.
- There was some information for patients about the services available. However, written health promotion information at the practice was limited and on-line information was brief.

Summary of findings

- Staff treated patients with kindness and respect, and sought to maintain confidentiality. However, we noted that when patients wanted to discuss sensitive issues or appeared distressed some were taken into the room behind the reception desk, which did not afford an appropriate degree of privacy.
- The practice provided emotional and bereavement support. Carers were signposted to the local CCG carers support services. However, the practice did not proactively identify patients who were carers to determine their specific support needs.

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for providing responsive services, as there are areas where improvements should be made.

- The practice sought to respond to patients' needs and maintain the level of service provided. However, there was no formal planning system to address identified needs in determining the way services were delivered. There was limited evidence of coordination of care and treatment with other services.
- Feedback from patients reported that access to a preferred GP and continuity of care was not always readily available, although the majority we spoke with were not concerned about this as long as a doctor was available to see them without undue delay.
- Patients could get information about how to complain in a format they could understand. However, there was no evidence that learning from complaints had been shared with staff.
- The practice did not have its own website at the time of the inspection but brief details of the services provided by the practice were available on the London School of Economics website.

Are services well-led?

Inadequate

The practice is rated as inadequate for being well-led and improvements must be made.

- The practice vision and values were not well developed or articulated sufficiently to staff or patients.
- The governance arrangements were limited. The principal GP's approach to the management of the practice did not provide the rest of the clinical team with full opportunity to share

Summary of findings

responsibility for clinical quality and standards. There were no regular, minuted practice team meetings. Most communication was through undocumented, informal, one to one meetings or cascade briefing.

- Given the size of the patient list, the governance structure in the practice did not promote best management practice.
- There was a limited approach to obtaining the views of people who used the services. The practice took account of and acted on complaints and responses to the NHS friends and family test. However, there was no patient participation group to engage patients in decision making and the identification of improvements in service delivery. In addition, the practice did not pursue comments on the NHS Choices website actively within the practice.

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

Inadequate

The practice is rated as inadequate for the care of older people. The provider was rated as inadequate for safe, effective and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Older people did not have care plans where necessary.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were below CCG averages, for example, QOF performance for chronic obstructive pulmonary disease (COPD); mental health; osteoporosis and coronary heart disease (CHD). There were few patients with these conditions.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was lower than the CCG and national averages.
- Longer appointments and home visits were available for older people when needed.

People with long term conditions

Inadequate

The practice is rated as inadequate for the care of people with long-term conditions. The provider was rated as inadequate for safe, effective and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Longer appointments and home visits were available for patients with long-term conditions when needed. However, none of these patients had a named GP, a personalised care plan or structured annual review to check that their health and care needs were being met.
- Performance for diabetes related QOF indicators was worse than the CCG and national averages.
- There was limited multidisciplinary case working with other health and social care professionals to case manage patients in this group, although the practice did work with the CCG's Diabetes Integrated Care Unit to optimise the care of patients with type 2 Diabetes. All patients within this group had been screened by the practice in the last year for HbA1c, a measure of average blood glucose levels.

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Families, children and young people

Inadequate

The practice is rated as inadequate for the care of families, children and young people. The provider was rated as inadequate for safe, effective and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 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.
- Childhood immunisation rates for the vaccinations given were mostly below CCG averages, although the number of children on the register was low.
- Appointments were available outside of school hours and there were two walk in clinics daily for urgent appointments which patients in this group could access.
- The practice's uptake for the cervical screening programme was significantly below CCG and national averages.

Working age people (including those recently retired and students)

Inadequate

The practice is rated as inadequate for the care of working-age people (including those recently retired and students). The provider was rated as inadequate for safe, effective and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The profile of patients at the practice was predominantly students and the services available were mainly geared to the needs of this group. However, there were areas where their needs and the needs of this patient group as a whole were not adequately addressed:

- No extended opening hours were offered for appointments and, despite being advertised as available on the NHS Choices website, patients could not book appointments online. However, repeat prescriptions could be ordered by email.
- Health promotion advice was offered and some health promotion material was available at the practice.
- No health checks for new patients or NHS health checks for patients aged 40-74 were available at the time of the inspection.

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People whose circumstances may make them vulnerable

Inadequate

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The provider was rated as inadequate for safe, effective and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- It had not carried out annual health checks for people with a learning disability, although there were few such patients registered.
- There was limited multidisciplinary case working with other health and social care professionals to case manage vulnerable patients.
- Most staff knew how to recognise signs of abuse in vulnerable adults and children. However, there were gaps in their safeguarding training and no information was readily available about relevant agencies to contact in the event of safeguarding concerns arising in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Inadequate

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The provider was rated as inadequate for safe, effective and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Performance for mental health related QOF indicators was worse than the CCG and national averages.
- There were no care plans produced within the practice for people experiencing poor mental health, although the majority of such patients who resided at a local supported housing project had received a GP consultation within the last year where weight, blood pressure and a range of blood tests were carried out.
- The practice worked in conjunction with care workers and community psychiatric nurses to encourage diabetic patients at the project to improve compliance with medication, diet and other interventions.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing below local and national averages in some areas and above in others. However, of 461 survey forms distributed, only 17(4%) were returned, so meaningful conclusions cannot be drawn from the data. Of those received:

- 100% of patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).
- 69% said they found the receptionists at the practice helpful (CCG average 85%, national average 87%).
- 87% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 94% said the last appointment they got was convenient (CCG average 86%, national average 92%).
- 73% described their experience of making an appointment as good (CCG average 68%, national average 73%).
- 58% 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 asked for CQC comment cards to be completed by patients prior to our inspection. However, no comment cards were completed. We reviewed instead, patient responses to the NHS friends and family test between May and September 2015. Fifteen patients said they were extremely likely to recommend the practice to friends and family. They commented on the quick access to appointments, the good service received from doctors and the helpful and polite staff. There was one negative comment about the daily emergency walk in clinic, where the patient arrived first but was seen by a doctor last. They said they were unlikely to recommend the practice.

We also spoke with 11 patients during the inspection. Their experience aligned with that highlighted in the responses to the friends and family test we reviewed. They told us they were satisfied with the care and treatment provided by the practice and said their dignity and privacy was respected. There were also some negative comments.

- Four patients told us that they were referred to other services but did not hear further from those services. One patient said they were not always given a choice in where they were referred to.
- Patients mostly said they were able to get appointments when they needed them, although two told us that this was not always the case. Three patients expressed dissatisfaction about the organisation of the walk-in clinics which they said did not always work on a first come first served basis as advertised.
- Patients commented that they saw different doctors at each appointment and there was only one male doctor. The majority were not concerned about this but one patient said they would prefer to see the same doctor each time for continuity of treatment and care.

St Philips 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, a practice manager, a second CQC inspector and an expert by experience. An expert by experience is a person who has personal experiences of using or caring for someone who uses this type of service.

Background to St Philips Medical Centre

St Philips Medical Centre provides primary medical services through a General Medical Services (GMS) contract. The practice is located within the London Borough of Westminster in central West London but is contracted to provide GP services by NHS Camden Clinical Commissioning Group. The services are provided from a single location within premises leased from the London School of Economics (LSE). There are historical reasons for this location as it grew out of a former University of London health centre. Although most patients are students at LSE, the practice is also contracted to provide NHS services to the local population. There are about 12,100 patients registered with the practice, with a high turnover as many are postgraduate students who move away from the area after their year of study is complete. We were told there are also patients who registered with the practice when living in the UK who now live abroad but who have retained their registration and are still supported by the practice. It was unclear, however, how these patients were supported.

The practice is registered to carry on the following regulated activities: Diagnostic and screening procedures; Surgical procedures; and Treatment of disease, disorder or injury.

The practice is open between 8:30am to 6:30pm Monday to Friday. Appointments were from 9:30am to 12:30pm every morning and from 1:30pm to 6:30pm daily. The practice also runs walk-in clinics daily between 11:00am and 12:00 noon and 3:00pm to 4:00pm for emergency treatment. In addition, pre-bookable appointments can be booked and provided within 48 hours.

At the time of our inspection, there was one permanent GP (the principal GP - male), and six long-term locum (non-principal GPs - all female) amounting to 3.25 whole time equivalent (WTE) GP staff. They were supported by an acting practice manager and four full-time and three part-time administrative staff at the practice. There were no nursing or health care assistant staff employed by the practice.

There are also arrangements to ensure patients receive urgent medical assistance when the practice is closed. Out of hours services are provided by a local provider. Patients are advised to call 111 who will direct their call to the out of hours service to provide telephone advice or make a home visit. The practice also provides information to patients about a local NHS Walk-In Centre which was open between 8:00am and 8:00pm Monday to Friday and 10:00am to 8:00 at weekends.

Why we carried out this inspection

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

Detailed findings

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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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)

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We liaised with NHS England.

We carried out an announced visit on 12 November 2015. During our visit we spoke with 11 patients and a range of staff including the principal GP, a locum (non-principal) GP, the acting practice manager, and reception/administrative staff. We reviewed patient responses to the NHS friends and family test over the last four months where patients who had visited the practice gave their opinion of the services provided. We observed staff interactions with patients in the reception area. We looked at the provider's policies and records including, staff recruitment and training files, health and safety, building and equipment maintenance, infection control, complaints, significant events and clinical audits. We reviewed patient records and looked at how medicines were recorded and stored.

Inadequate

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Not all non-clinical we spoke with were aware of the reporting system but told us they would inform the practice manager in the first instance of any incidents.

We reviewed safety records and incident reports which included action taken and lessons learned to improve safety in the practice. For example, following a delay in submitting a sample for laboratory analysis a more robust process was put in place to ensure improved communication between doctors and the reception team and more thorough checking of samples ready for despatch. The principal GP also initiated ongoing monitoring to ensure no further delays in submitting samples for analysis. These outcomes and actions were recorded in the incident report but there was no documented evidence of wider discussion of lessons learned within the practice.

Overview of safety systems and processes

The practice had processes and practices in place that were intended to keep people safe and safeguarded from abuse. However, these arrangements were not robust and there were several areas where improvements must be made to ensure this:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and the safeguarding policy was accessible to all staff. However, the policy contained no details of who to contact for further guidance if staff had concerns about a patient's welfare and there were no contact details in reception or elsewhere within the practice. The principal GP was the lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and provided reports where necessary for other agencies. Such occurrences were rare, given the predominantly student patient population. Staff demonstrated some understanding of safeguarding issues and had received some training relevant to their role. However, there were gaps in training coverage. The principal GP and one of the locum (non-principal) GPs were trained to level 2 in child safeguarding, and not level 3 as required, another locum (non-principal) GP last had training in 2008 and the level was not known for one other locum (non-principal) GP. Only one of the eight administrative staff had been trained in child safeguarding but this was completed in 2009. The majority of staff, apart from those recently recruited, had received training in safeguarding of vulnerable adults within the last two years. However, one locum (non-principal) GP's training took place in 2008, so was not up to date.
- A notice in the waiting room advised patients that they could request a chaperone, if required. We spoke with two administrative staff who told us they had acted as chaperones. However, neither of these staff were trained for the role nor had they received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice had arrangements in place to maintain cleanliness and hygiene. Cleaning services were provided by an external contractor and there was a cleaning schedule in place. However, there was no record to show the schedule had been completed or that the practice manager or cleaning management audited the schedule. On the day of the inspection the practice was generally clean but was untidy in some areas.. The principal GP's room was cluttered with plastic bags and the female toilet was untidy. The principal GP was the infection control clinical lead and there was an infection control policy in place which included a protocol for sharps/splash injuries and accidental exposure to bloodborne viruses. There were gaps in the infection control training staff had received. There was no information on the training undertaken by the principal GP and one of the locum (non-principal) GPs and two other locum (non-principal) GPs had not received update training within the last five years. Of the eight non-clinical staff, only the practice manager had received training in infection control. We were shown an infection control audit undertaken by the practice manager in October 2015 but it was not clear what action was taken to address any issues identified, for example regarding the lack of hand-hygiene training in the last 12 months. Disposable privacy curtains in consulting rooms were not dated and consequently it

was not possible to determine whether they had been changed after six months in accordance with national guidance. There was a waste management contract for collection and disposal of clinical and other waste and we saw the two most recent November 2015 consignment notices for this.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice were intended to keep patients safe (including obtaining, prescribing, recording, handling, storing and security). However, we found shortcomings in these arrangements. Medicine audits were carried out periodically by the principal GP, for example an audit of processing repeat and ongoing prescriptions completed in September 2014. Prescription pads were securely stored but no record was kept of serial numbers to monitor their use, and prescriptions ready for printing were left in printers in unlocked rooms, which could compromise security.
- We were told there was no specific policy for ensuring that medicines were kept at the required temperatures. However, the process for this was outlined in the practice's infection control policy. We were told that checks of fridge temperatures were carried out daily by administrative staff but no records of these checks had been completed since January 2015. Appropriate action had, however, been taken when on one occasion all power to the building was lost for several days following a major incident in the area earlier in the year. There was no system to rotate stock to ensure those with the shortest expiry date were moved to the front of the fridge. The majority of medicines in the fridge were within expiry dates but one Hepatitis B vaccine which the practice had marked as expired (August 2014) had not been removed. We found a stool and a blood sample had been placed in the vaccination fridge and not the separate sample storage fridge. The lock on the fridge was broken and the fridge was secured by a padlock and chain but the key was in the padlock and the fridge was in an unlocked room.
- We were told recruitment checks were carried out including proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, we reviewed the personnel records of six staff (three administrative staff and three locum (non-principal) doctors) and found gaps in evidence of such checks. Only one of the records sampled had a reference from a previous employer on file, one had no records other than a criminal record check and only one contained a contract of employment. Two of the locum (non-principal) files contained no details of professional registration. None of the non-clinical staff, including the practice manager had undergone a criminal records check. The practice manager told us that they had determined a check was not needed on the basis of staff roles. However, this had not taken into account that some staff carried out chaperone duties.

Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The landlords of the building were responsible for carrying out annual health and safety and fire risk assessments and we saw the records for this. This included a rolling programme of fire drills for the whole building so that all areas were covered within the course of a year, including the practice premises. The building landlords 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 legionella. The practice arranged for all clinical equipment to be checked to ensure it was working properly and we saw the records for this. However, general portable electrical equipment had not been checked to ensure the equipment was safe to use since a portable appliance test (PAT) carried out in 2010.

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 both clinical and non-clinical staffing groups to ensure that enough staff were on duty. We discussed with the practice the allocation of 3.25 whole time equivalent doctors and the absence of any nursing staff, given the relatively large patient list size. The principal GP explained that the practice had employed a nurse in the past but when they left nursing tasks were distributed amongst the long term locum (non-principal) doctors. He felt that the current staff was sufficient to meet patient demand.

Arrangements to deal with emergencies and major incidents

There were shortcomings in the practice's arrangements in place to respond to emergencies and major incidents.

Inadequate

Are services safe?

- All non-clinical staff, apart from those very recently appointed had received basic life support training. However, three of the locum (non-principal) doctors had not updated their training within the last year, which was not in accordance with UK Resuscitation Council guidelines.
- There were emergency medicines available within the practice and these were within expiry dates. However, no record was kept of any checks carried out to ensure that medicines were in date. In addition, the cupboard containing the medicines was free standing, located on the floor with the key kept in it and in an unlocked room, which may compromise the security of the medicines. There was no aspirin in the emergency medicines cupboard and no risk assessment for not including this medicine.
- The practice had a defibrillator available on the premises and oxygen. However, not all staff we spoke with knew where the oxygen was stored and there were no adult and children's masks or oxygen delivery tubes located with the cylinder that would be readily accessible in the event of an emergency. We also found several nebuliser and nebuliser masks, two anaphylactic kits and prednisolone medicine that were out of date.
- 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. There were also arrangements to move services to a buddy practice in the event of the service could not continue to operate. This had been enacted during a major power failure incident in the area earlier in the year when the practice had to close.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice sought to assess needs and delivered care using relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The principal GP kept up to date with guidelines from NICE through podcasts and the local CCG website and used this information to deliver care and treatment that met people's needs. However, there was no formal process for disseminating this information to other GPs working at the practice to ensure guidelines were implemented for the practice as a whole.
- The practice monitored and ensured adherence to current guidance for antibiotic prescribing with support from the CCG medicines management pharmacist.
- The arrangements to assess patients' ongoing and changing needs were ad hoc and conducted opportunistically during appointments. The practice did not participate in the local enhanced service scheme for patients over 75 and there were no care plans in place for this group, although there were only five such patients. There were also no care plans for the 27 patients at the supported housing project for individuals with chronic mental health issues to whom the practice provided primary care services. The care planning for these patients was carried out by the community mental health team under the care of a local NHS Foundation Trust Rehabilitation Service. The majority had been seen by a GP from the practice, either at the practice premises or at the project location for a consultation in the last year.
- There were a small number of patients with long term conditions including 15 patients diagnosed with type 1 diabetes and 18 with type 2. The practice worked with the CCG's Diabetes Integrated Care Unit to optimise the care of patients with type 2 Diabetes. All patients within this group had been screened by the practice in the last year for HbA1c, a measure of average blood glucose levels.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). However, the practice did not systematically use the information collected for QOF. The most recent published results (2014/15) were 49.6% of the total number of points available (43.6% below the CCG average and 44% below the national average), with 15.6% exception reporting. For the majority of indicators, the practice therefore scored very low or no points, for example, for chronic kidney disease (CKD), heart failure, osteoporosis and palliative care. Data from 2014/15 showed:

- Performance for diabetes related indicators was worse than the CCG and national average: 47.7% compared to 89.3% and 89.2% respectively.
- The percentage of patients with hypertension having regular blood pressure tests was better than the CCG and national average: 84.4% compared to 78% and 80.4%% respectively.
- Performance for mental health related indicators was worse than the CCG and national average: 61.5% compared to 89.9% and 92.8% respectively.
- The new dementia diagnosis rate was below the CCG and national average: 0% compared to 87.3% and 81.5% respectively. However, the practice informed us that there were currently no patients with dementia on the patient register.

The following were identified by CQC prior to the inspection as a 'very large variation for further enquiry' from data reported in Health and Social Care Information Centre (HSCIC), Hospital Episode Statistics (HES) 2013/14:

- The percentage of patients aged 65 and older who have received a seasonal flu vaccination was 34.64% below the national average.
- The percentage of patients aged over 6 months to under 65 years in the defined influenza clinical risk groups that received the seasonal influenza vaccination was 33.69% below the national average.

We discussed this data with the practice who told us that for patients aged 65 and older, 28 had received a seasonal flu vaccination and eight had declined in the last 12 months. In clinical risk groups 51 patients had received the vaccination and 31 had declined.

The practice participated in clinical audits to secure quality improvement.

Inadequate

Are services effective?

(for example, treatment is effective)

- We were shown four clinical audits which had been carried out in the last two years; none of these was a completed full cycle audit but two included plans to carry out a repeat audit to follow up the original audit outcomes.
- Some of the findings were used by the practice to improve services. For example, recent action taken as a result of a patient obesity audit included steps to ensure that all patients attending for an appointment were weighed at least once per year; and all patients who were weighed also had a body mass index (BMI) calculation performed and recorded at the time of the consultation.

Effective staffing

Improvements were needed in the appraisal and training arrangements to ensure staff had up to date skills, knowledge and experience to deliver effective care and treatment.

- Non-clinical staff told us they had undergone an induction process on appointment, which included work shadowing and familiarisation with the practice environment and practice policies and procedures. However, there was no documentary evidence of the completion of the process on staff records.
- There was an appraisal system for non-clinical staff which identified learning and development needs. Six of the eight staff had been appointed within the last year had yet to receive an annual appraisal but this was planned for the anniversary of their appointment. Of the remaining staff, one was subject to external appraisal arrangements and the other had last been appraised in 2013.
- We were told that all GPs had been revalidated or had a date for revalidation, although we did not see documentation to confirm this. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).
- There were arrangements in place for staff to receive mandatory training and additional learning and development identified as part of the appraisal system. However, there were gaps in training staff had received. For example:

- only three of the locum (non-principal) GPs had undertaken update training in fire safety within the last three years and only one of two longer serving non-clinical staff. None of the six non-clinical staff recruited within the last year had undertaken formal fire safety training beyond instruction received during their induction;

- there was no information on the infection control training undertaken by the principal GP and one of the locum (non-principal) GPs; and two other locum (non-principal) GPs had not received update training within the last five years. Of the eight non-clinical staff, only the practice manager had received training in infection control;

- the principal GP and one of the locum (non-principal) GPs were trained to level 2 in child safeguarding, and not level 3 as required, another locum (non-principal) GP last had training in 2008 and the level was not known for one other locum (non-principal) GP; no administrative staff had completed child protection training or update training in dealing with medical emergencies; and

- three of the locum (non-principal) doctors had not updated their basic life support training within the last year.

The practice told us that the onus was on locum staff to keep their knowledge and skills up to date. However, it is the responsibility of the provider to ensure that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system.

- This included care medical records and investigation and test results. However, the regular locum doctors (non-principal GPs) were not systematically informed of the outcome of hospital referrals or the results of tests they initiated by the principal GP who received the results. They either kept a personal reminder or found out the outcome when the patient returned for a further appointment. All pathology results were processed by the principal GP who actioned them and ensured details were recorded in patient records.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Inadequate

Are services effective?

(for example, treatment is effective)

The practice worked in conjunction with care workers and community psychiatric nurses to encourage diabetic patients at a local supported housing scheme with chronic schizophrenia to improve compliance with medication, diet and other interventions. However, we saw limited evidence that the practice engaged on a regular basis more widely with other health and social care professionals at multi-disciplinary team meetings to plan, review and update care and treatment for other patients.

Consent to care and treatment

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

- Clinical 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. .

The practice had a consent policy which was used to govern consent decisions. This did not make specific reference to consent for children under the age of 16 or the Mental Capacity Act (MCA) 2005 with regard to mental capacity and "best interest" assessments in relation to consent. However, all clinical staff we spoke with demonstrated a clear understanding of the relevant guidance in relation to consent for children and young people. Clinical staff (and four non-clinical staff) had received MCA training and understood the relevant consent and decision-making requirements of legislation and guidance regarding consent and best interest decisions where a patient's mental capacity was unclear.

Health promotion and prevention

The practice attended meetings with commissioners to discuss the needs of the local population through the Locality Group of the CCG.

Patients who may be in need of extra support included those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation, and patients with chronic mental health conditions. These patients were given appropriate guidance and advice and signposted to the relevant service. Guidance and advice to students about substance and drug misuse and sexual health was provided by the university counselling services. There were no patients requiring palliative care.

The practice undertook a range of screening exercises. The practice's uptake for the cervical screening programme was 32%, compared to the CCG average of 69% and the national average of 77%. The practice told us that the figure was low as there were a number of eligible patients whose home was outside of the UK who had their screening abroad at an earlier age or were from cultures where they did not engage in sexual activity when young, which would require them to have a smear test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. However, there was insufficient data available from the practice to evaluate the proportion of eligible patients who had attended the screening.

Childhood immunisation rates for the vaccinations given were mostly below CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 20% to 100% and five year olds from 20% to 40% (compared to CCG averages of 79% to 94% and 79% and 92% respectively. However, the number of eligible children on the register was low and we were told children often moved from the area before their immunisation cycle was complete. Flu vaccination rates for the over 65s were 39%, and at risk groups 19%. These were significantly below CCG and national averages.

The practice had stopped offering health checks for new patients. They told us that this was due to the very low pick up rate of significant health problems identified from the checks. They had also had problems in readily identifying new patients from their patient record system because of coding issues. The practice had met in October 2015 with the NHS Health Screening Manager from Camden and Islington Public Health to discuss re-instating screening of all patients aged 40-74 to offer NHS health checks to 10-20 % of patients in this age group. No checks had been initiated for either group at the time of the inspection.

Health promotion advice was offered and but there was limited written health promotion material available at the practice.

Requires improvement

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and helpful to patients and treated people 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 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. However, we noted that patients were also taken into the room behind the reception desk for this purpose, which did not afford an appropriate degree of privacy.

No patients completed CQC comment cards provided to the practice before the inspection. However, we reviewed the 16 cards completed by patients for the NHS Friends and Family test between May and September 2015. Fifteen patients said they were extremely likely to recommend the practice to friends and family. They commented on the quick access to appointments, the good service received from doctors and the helpful and polite staff. There was one negative comment about the daily emergency walk in clinic, where the patient arrived first but was seen by a doctor last. They said they were unlikely to recommend the practice.

We also spoke with 11 patients during the inspection. Their experience aligned with that highlighted in the responses to the friends and family test we reviewed. They majority told us their dignity and privacy was respected.

Results from the national GP patient survey showed the practice generally scored below CCG and national averages for its satisfaction scores on consultations with doctors.

- 67% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 76% said the GP gave them enough time (CCG average 80%, national average 87%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 67% said the last GP they spoke to was good at treating them with care and concern (CCG average 80%, national average 85%).
- 69% said they found the receptionists at the practice helpful (CCG average 85%, national average 87%).

461 satisfaction questionnaires were sent to patients (out of a list size of 12100). A total of 17 responded (4%), so meaningful conclusions cannot be drawn from the survey.

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 and were provided with good information and explanations from doctors. 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 friends and family test cards we reviewed 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 and national averages, although as noted, previously, only 4% of patients surveyed responded. For example:

- 82% 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%.
- 82% said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 81%).

However, four patients we spoke with told us that they were referred to other services but did not hear further from those services. One patient said they were not always given a choice in where they were referred to.

Staff told us that the vast majority of patients spoke good English. If patients needed help in translation, staff spoke several different languages including Swedish, French, Spanish, Arabic, Russian and Portuguese.

Patient/carer support to cope emotionally with care and treatment

Requires improvement

Are services caring?

Staff told us that if families had suffered bereavement, a GP contacted them to provide support and give them advice on how to find a support service. For example, patients were advised to contact a charity which offered a range of bereavement support and counselling services.

One regular locum (non-principal) doctor we spoke with told us they contacted patients after they had been in hospital to check on their wellbeing.

Student patients were able to access a counselling service provided by the university. Carers were signposted to the local CCG carers support services. However, the practice did not proactively identify patients who were carers to determine their specific support needs.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice sought to respond to patients' needs and maintain the level of service provided. However, this was largely achieved opportunistically at patient appointments, rather than through a formal planning system to address identified needs in determining the way services were delivered.

- The practice ran an urgent, walk-in clinic twice daily for emergency appointments, on a first come first served basis.
- There were longer appointments available for people with a mental health problem.
- Home visits were available for older patients / patients who would benefit from these, although in practice very few visits were made given the small number of patients within this group.
- There were disabled facilities available, including wheelchair access, a lift and a disabled toilet.
- The practice worked with the CCG's Diabetes Integrated Care Unit to optimise the care of patients with type 2 Diabetes. All patients within this group had been screened by the practice in the last year for HbA1c, a measure of average blood glucose levels.
- The practice provided primary care services to a local supported housing project for individuals with chronic mental health issues, including consultations where weight, blood pressure and a range of blood tests were carried out.
- The practice had responded rapidly to a case of suspected meningitis in the university's student hall of residence, in liaison with the local PHE Health Protection team and the university. Extended surgery hours were provided to ensure all potentially at risk students were given antibiotics and appropriate medical advice.

Access to the service

The practice was open between 8:30am to 6:30pm Monday to Friday. Appointments were from 9:30am to 12:30pm every morning and from 1:30pm to 6:30pm daily. The practice also ran walk-in clinics daily between 11:00am and 12:00 noon and 3:00pm to 4:00pm for emergency treatment. In addition, pre-bookable appointments could be booked and provided within 48 hours. There were no extended hours surgeries available.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was broadly comparable to local and national averages. People told us on the day that they were able to get appointments when they needed them, although some patients told us that the appointment was not within 48 hours as stated; one said they could not get an appointment after 5.30pm on two occasions when they had tried recently; and three expressed dissatisfaction about the organisation of the walk-in clinics which did not always work on a first come first served basis as advertised. Patients commented that they saw different doctors at each appointment and there was only one male doctor. The majority were not concerned about this but one patient said they would prefer to see the same doctor each time for continuity of treatment and care.

- 62% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 100% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).
- 73% patients described their experience of making an appointment as good (CCG average 68%, national average 73%.
- 58% patients said they usually waited 15 minutes or less after their appointment time (CCG average 62%, national average 75%).

Staff told us that the vast majority of patients spoke good English. If patients needed help in translation, staff spoke several different languages including Swedish, French, Spanish, Arabic, Russian and Portuguese.

The practice did not have its own website at the time of the inspection but brief details of the services provided by the practice were available on the London School of Economics website. We were told that a practice website site had been developed and was expected to be made available in the near future, although we did not see the documentation for this. Despite being advertised as available on the NHS Choices website, patients could not currently book appointments online. However, repeat prescriptions could be ordered by email.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

The practice had a 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 sign at the reception desk and the practice leaflet provided relevant information, although we noted two versions of the leaflet were in circulation. Both gave guidance about complaints but one contained no information about organisations with which a complainant could pursue matters further if they were dissatisfied with the practice's response.

We looked at the information provided by the practice on four written complaints received in the last 12 months. We found these were satisfactorily handled, dealt with in a timely way, and showed openness and transparency in dealing with the complaint. Complaints were discussed with staff involved but we saw no documented evidence that the outcomes, lessons learned and any action taken to improve the quality of care were communicated more widely within the practice.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

The practice did not have a clear vision and strategy. The practice aims and objectives and a pledge to patients were set out in its statement of purpose and in the practice leaflet the practice's stated aim was to provide services to a high standard, tailored to the needs of the practice population. However, this had not been communicated to patients and staff we spoke with were unaware of the statement

Governance arrangements

The practice had policies and procedures in place to govern activity and these were available to staff via the computer system within the practice. The policies had been updated in the last year. There was no formal staffing structure but staff were aware of their own roles and responsibilities.

The services to patients were not adequately monitored to ensure they were provided with safe care which effectively met their needs.

- There were shortcomings in safeguarding, infection control processes, medicines management, emergency equipment and in ensuring the safety of electrical equipment.
- Staff recruitment practices and training were deficient.
- The arrangements to assess patients' ongoing and changing needs were ad hoc and conducted opportunistically during appointments. There was no formal process for ensuring the practice assessed needs and delivered care in line relevant and current evidence based guidance and standards
- Lessons learned from incidents and complaints were not communicated adequately to practice staff.
- The practice undertook clinical audits which it used to monitor quality. However, the practice had not completed the second cycle of audit for any of the four audits completed within the last year. The practice participated in QOF but did not systematically use the data to gain an understanding of the performance of the practice. There was a low overall QOF performance for 2014/15, compared to GP practices within the CCG and nationally.
- There was limited participation in multidisciplinary working to co-ordinate patient care.

We were concerned that there were not appropriate arrangements in place to assess, monitor and improve the quality and safety of the services provided. This was particularly of concern where patients lived overseas. There was limited evidence to demonstrate how these patients were supported by the practice.

Leadership, openness and transparency

The principal GP exercised close control over the clinical management in the practice. Clinical oversight of, and communication with the regular locum (non-principal) GPs was informal and on a one to one basis. Such an approach did not foster effective leadership. It imposed a demanding workload on the principal GP and did not provide the rest of the clinical team with full opportunity to share responsibility for clinical quality and standards. It also did not make adequate provision for unexpected absences or leave of the principal GP. There was a 'Duty of Candour' policy in place and the practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents the practice gave affected people reasonable support, truthful information and where appropriate a verbal and written apology.

Given the size of the patient list, the governance structure in the practice did not promote best management practice. There were no regular, minuted practice team meetings. Most communication was through informal one to one meetings or cascade briefing. Some staff felt that there should be formal practice meetings but they nevertheless felt able to raise any issues with managers, who they said were accessible. They also they felt respected, valued and supported in their work.

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

The practice took account of feedback from patients, the public and staff but the scope of this was limited.

- It had gathered feedback from patients through the NHS Friends and family test and acted upon this. For example, one patient complained about the treatment received from clinical staff. The practice manager met with the complainant and the issue was resolved by providing an appointment with the principal GP.

Are services well-led?

Inadequate

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

- The practice was aware of comments posted on the NHS Choices website but did not pursue these actively within the practice.
- The practice had considered setting up a patient participation group (PPG) but told us that given the transient nature of the predominantly student patient population, they had concluded that a PPG would not be viable. Students had representative groups within the university and the practice would be made aware of any concerns raised about the service provided by the practice.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management about how the practice was run.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The provider did not have adequate arrangements in place to ensure care and treatment to patients was provided in a safe way. There were shortcomings in safeguarding, infection control processes, medicines management, emergency equipment and in ensuring the safety of electrical equipment. Regulation 12 (1), (2) (e),(f),(g) (h)

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The provider did have appropriate arrangements in place to assess, monitor and improve the quality and safety of the services provided. There were no formal governance arrangements and the systems for assessing the quality of the experience of patients in receiving those services needed further development. Regulation 17(1),(2)(a)(b)(e)(f)

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: The provider did not have adequate arrangements in place to support staff in relation to their duties and responsibilities because there were gaps in training and development of staff. Regulation 18 (2) (a)

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the regulation was not being met: Patients were not fully protected against the risks associated with the recruitment of staff, in particular in ensuring all appropriate pre-employment reference and criminal records checks are carried out and recorded prior to a staff member taking up post. Regulation 19 (1)(a), (2)(a), (3)(a)