

# The Park End 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

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection on 10 August 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 upon.
- 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.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When 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.

Good



### Are services effective?

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 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.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for most aspects of care.
- 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.

Good



# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Early morning and evening appointments were available for patients unable to attend during normal working hours.
- The quick access system allowed patients to obtain consultations the same day, although it might not be with their preferred GP. Survey results and patients we spoke with suggested that there was an element of delay in patients arranging routine appointments with their preferred GPs.
- 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.

Good



## Are services well-led?

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 defined leadership structure and staff felt supported by management. The practice had various up-to-date 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 structured clinical meetings twice a week 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.
- The practice proactively sought feedback from staff and patients, which it acted upon. The patient participation group was active.

Good



# Summary of findings

- 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

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

Good



- 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 provided urgent appointments for those with enhanced needs. It carried out a high number of home visits, reflecting the needs of this patient group.
- The practice maintained a case management register of patients at high risk of admission to hospital. There were 123 patients were currently on the register, 116 of whom (94%) had up to date care plans.
- Fifty-six out of 57 patients on the register discharged from hospital in the last twelve months had been given a follow-up appointment.
- Records showed that 924 patients were prescribed four or more medications, of whom 848 (92%) had had a structured annual review.
- The uptake for bowel cancer screening was above the local average.
- Two hundred and fifty-six patients identified as being at risk of developing dementia had been offered cognition testing.

### People with long term conditions

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

Good



- 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 averages.
- The practice maintained a register of 186 patients with diabetes, of whom 146 (82%) had undergone a foot examination and 177 (91%) had undergone retinal screening.
- The influenza vaccination rate for patients with diabetes was 92%, comparable with local and national averages.
- The practice maintained of register of 55 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, hypertension, and chronic obstructive pulmonary disease was comparable with local and national averages.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances and maintained a register of vulnerable children.
- Take up rates for all standard childhood immunisations were 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.

Good



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

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

- The 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.
- Early morning and evening appointments were available for those patients who could not attend during normal working hours.
- Telephone consultations were available and patients could email GPs regarding non-urgent matters.
- The practice's uptake for the cervical screening programme was above the local average.
- Data showed that 2,851 patients (93% of those eligible) had undergone blood pressure checks in the last five years.

Good



## People whose circumstances may make them vulnerable

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

Good



# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including one homeless person and five patients with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- 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)

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

- Seventy-two per cent of the 104 patients experiencing poor mental health had a comprehensive, agreed care plan documented in the record, in the preceding 12 months, comparable with local and national averages.
- Eighty-three per cent of the 35 patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months, comparable with local and national averages.
- 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 told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

**The latest national GP patient survey results available at the date of the inspection had been published in July 2016 and covered the periods July - September 2015 and January - March 2016.** The results showed the practice was performing above local and national averages. Two hundred and fifty two survey forms were distributed and 114 were returned. This represented roughly 1.75% of the practice's list of approximately 6,500 patients.

- 92% 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%.
- 92% 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%.
- 96% 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%.
- 95% 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. Four of the comments cards mentioned there sometimes being long waiting times for appointments; and one said that "phone response" was "often poor". It was not clear if this was a reference to staff answering the phones or whether it related to telephone consultations.

We spoke with nine patients during the inspection, together with three 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 34 patients' responses to the Friends and Family Test recently; of which, 33 (97%) were likely to recommend the practice.

# The Park End 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 manager specialist adviser and an Expert by Experience.

## Background to The Park End Surgery

The Park End Surgery operates from 3 Park End, in a courtyard off South Hill Park, London NW3 2SE. The premises are owned by some of the partner GPs and were converted from industrial use. The practice is located near Hampstead Heath overground station and has good transport links.

The practice provides NHS services through a Personal Medical Services (PMS) contract to approximately 6,500 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; Treatment of disease, disorder or injury; and Diagnostic and screening procedures. The patient profile has a lower than average late teenage and young adult population, with more than average working age and older patients. The practice showed us figures indicating that 8.94% of patients on its list were aged over-75 years, being the highest rate within the CCG area. The practice has a low deprivation score, being in the second “less deprived decile”.

The practice has a clinical team of four partner GPs (two female and two male), and two male salaried GPs. The partner GPs work between three and six clinical sessions

per week; the salaried GPs work four sessions. There is a female practice nurse who works seven clinical sessions a week, and two healthcare assistants, working five sessions each. It is a teaching practice, with three registrars (qualified doctors gaining general practice experience) currently placed there. There is a practice manager and an administrative team 11.

The practice’s opening hours are as follows - it does not close at lunch time:

Monday 9:00 am - 8:00 pm

Tuesday 8:00 am - 4:30 pm

Wednesday 9:00 am - 6:30 pm

Thursday 8:00 am - 4:30 pm

Friday 9:00 am - 6:30 pm

Morning and afternoon sessions for routine booked appointments are as follows:

Monday 9.00 am – 10.45 am 2.30 pm – 8.00 pm

Tuesday 8.00 am – 10.45 am 2.00 pm – 4.15 pm

Wednesday 9.00 am – 10.45 am 2.30 pm – 6.00 pm

Thursday 8.00 am – 10.45 am 2.00 pm – 4.15 pm

Friday 9.00 am – 10.45 am 2.30 pm – 6.00 pm

Routine appointments are 15 minutes long and can be booked up to one month in advance. If they have previously registered for the system, patients can also book appointments and request repeat prescriptions online.

In addition, the practice provides quick access appointments between 9.40 am and 12.30 pm, Monday to Friday. These appointments are 10 minutes long and can be booked by phone or in person, 48 hours in advance or

# Detailed findings

on the same day. The quick access service is operated by the GPs on a rota basis and patients may not be able to see the GP of their choice. The GPs also conduct telephone consultations with patients and make home visits.

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.

## 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 10 August 2016. During our visit we:

- Spoke with a range of staff including partner GPs, the practice nurse, the practice manager and members of the administrative team. We also spoke with nine patients who used the service, and three 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.

# 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.

- The practice manager was responsible for leading on significant events and incidents. The practice's computer system had a process for recording incidents, managing any investigation, analysis and for recording the outcomes. Staff members we spoke with were familiar with the process and described how it was used. We saw several examples of completed records. 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 quarterly and that there was an annual analysis of events to identify trends and review performance. The incident process 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.

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 18 incidents treated as significant events in the previous 12 months. One recorded event related to a week's delay in a document being scanned onto the patient's computer records. The practice manager raised the matter immediately it was identified with the administrative team. We saw that the incident was discussed at a practice team meeting the following day and that the relevant protocol was reviewed.

Patient safety alerts, for example relating to particular medications, were initially processed by a named senior administrator. They conducted a search of records to identify any patients affected and informed the nurse for appropriate action and follow up.

### 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. One of the partner GPs was responsible for leading on safeguarding adults and another for child protection issues. The policies were accessible to all staff and been reviewed recently. The practice computer system assigned tasks to all staff informing them when policy documents and protocols were reviewed. The practice manager monitored these to ensure that staff were up to date with reviewed governance papers. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Safeguarding was a standing item on the twice-weekly clinical meeting agenda. Cases of concern were coded and updated. The practice ran monthly records searches to monitor cases and there were monthly meetings with social workers to discuss concerns. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Clinical staff, comprising the GPs, practice nurse and health care assistants were trained to child safeguarding level 3. Three senior administrative staff were also trained to level 3, with the remainder being trained to level 1.
- A notice in the waiting room advised patients that chaperones were available if required. The practice policy, which had reviewed a few months before our inspection was available to all staff on the practice computer system. Administrative staff who performed chaperone duties had received appropriate 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

## Are services safe?

barred from working in roles where they may have contact with children or adults who may be vulnerable.

We interviewed several staff members and discussed chaperoning. They had a clear understanding of the issue and their duties when acting as chaperones.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Cleaning was done in accordance with written cleaning schedules and checklists, posted in each room. A deep clean was carried out every three months. The practice nurse was clinical lead on infection control issues, working with the practice manager. The infection control policy had last been reviewed and updated in early 2016, when all governance protocols had been uploaded on to the new computer system. All staff were alerted when policies were reviewed and given a flagged task to read the protocols and confirm they had done so. We saw records evidencing that all staff had received infection control training and noted that it was an area covered by the staff induction training 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 June 2016. We saw that disinfectant hand gel was available and hand washing guidance was provided by posters throughout the premises. Clinical waste, including sharps bins, was appropriately stored and was collected weekly and disposed of by a licensed contractor. The practice had a sharps injury protocol available on the shared computer system, but there were no guidance notices advising on procedures relating to sharps injuries posted in the treatment and consultation rooms. We discussed this with staff who agreed to remedy it straight away. 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 had a cleaning schedule and guidance for equipment such as spirometer, which was cleaned and calibrated monthly; the ear syringe, cleaned weekly; and the nebuliser, which was cleaned before and after each use. All medical instruments were single-use.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe. These included obtaining, prescribing, recording, handling, storing, security and disposal. Processes were in place for handling repeat prescriptions. These included the review of high risk medicines, with flags on patients' records to assist in monitoring their prescribing. 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. The practice benchmarked its prescribing practice using data provided by the CCG. Blank prescription forms and pads were logged and securely stored, with systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow the nurse to administer medicines in line with legislation. Patient Specific Directions (PSDs) were in place to allow the healthcare assistants to administer vaccines. The use of both PGDs and PSDs was in accordance with current guidelines and they were monitored jointly by the nurse and practice manager. The practice appropriately monitored and recorded stocks of medicines and vaccines, including those for home visits. Appropriate stock levels were kept, with re-ordering done every two weeks. The process was carried out by the practice nurse and one of the healthcare assistants. The practice's vaccines fridges had been inspected, calibrated and certified in December 2015. We saw that the fridge temperatures were monitored, using two thermometers, and recorded on the computer system. All the medicines and vaccines we saw were within date and fit for use. No controlled drugs were kept on the premises.
- We reviewed five 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 clinical staff's Hepatitis B immunisation status.

### Monitoring risks to patients

Risks to patients were assessed and well-managed. There were procedures in place for monitoring and managing risks to patient and staff safety. The fire safety policy was reviewed in August 2016. An annual fire risk assessment

## Are services safe?

was overdue, but the practice provided evidence shortly after the inspection that one had been carried out; it identified three actions, with appropriate timescales attached. Staff had undertaken online annual fire awareness training and there were three named fire marshals. Firefighting equipment had been checked and serviced in March 2016. The practice carried out fire drills and the fire alarm was tested on a weekly basis. The annual inspection and calibration of medical equipment had been carried out between December 2015 and January 2016. An inspection of portable appliances (PAT Testing) was overdue, but the practice sent us evidence shortly after our visit that this had been arranged. The engineer was also to carry out the five-yearly inspection of the fixed wiring at the same time. An inspection of the boiler had identified some necessary work. The practice sent us evidence shortly after our visit that the work had been done and that an engineer's appointment had been arranged to certify the work and the gas supply to the premises. The practice had a variety of risk assessments in place to monitor safety of the premises, including legionella - a particular bacterium which can contaminate water systems in buildings - and the Control of Substances Hazardous to Health (CoSHH). There was no water storage at the premises, with water being heated at source, and the risks associated with legionella were negligible.

### **Arrangements to deal with emergencies and major incidents**

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

- 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, with refresher dates being monitored using the practice's computer system.
- 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 February 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.

# 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. These included National Institute for Health and Care Excellence (NICE) best practice guidelines and those issued by the Camden CCG.

- The practice had systems in place to keep all clinical staff up to date and to provide them with information to help deliver care and treatment that met patients' needs. For example, we saw that the practice had a protocol for receiving and disseminating clinical guidance, such as those issued by the National Institute for Clinical Excellence (NICE). Guidelines were received and logged onto the practice's computer system, which alerted staff to them. The system generated a task for staff to read the new guidelines, which was monitored by the practice manager; reports could be generated for discussion at practice meetings. The guidelines and alerts were also added to a central library file, which could be accessed by all staff as well as by any locums. We were shown recent examples, including guidance issued by the CCG medicines management team.
- The practice monitored that these guidelines were being 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 98.7% of the total number of points available being 5.5% above the CCG average and 4% above to the national average. The practice's clinical exception rate was 6.6%, which was 1% below the CCG average and 2.6% 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 that 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 99.6%, being 10.3% above the CCG average and 10.4% 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 81.4%, being 8.5% below the CCG Average, and 11.4% below the national average.

We discussed these figures with the practice. It had recently carried out an audit of patients with severe mental illness; all of whom had a named GP. Uncertainty about future funding had prevented the practice from replacing its in-house counsellor. However, in the absence of an employed counsellor, it had begun working with external mental health specialists, such as two clinical psychologists, the community mental health worker and alcohol support worker. Clinical team meetings had been set up involving practice staff and the external specialists to work with patients experiencing poor mental health. Staff also told us that a new service, provided by a local NHS Foundation Trust and MIND in Camden, was about to be introduced. It was likely that figure relating to mental health care would improve as a consequence.

There was evidence of quality improvement including clinical audit to highlight where improvements made could be and monitored. These included audits that had been initiated by the practice, as well as a number by the local CCG, and related to issues such as prescribing; reviews of patients with particular health conditions; and appointments and referrals. There had been 10 clinical audits carried out in the last two years. Of these, three were completed or ongoing repeat audits, relating to methotrexate prescribing, the care of patients with Chronic Obstructive Pulmonary Disease and referrals of patients aged over-65 to iCope, Camden and Islington's physiological therapies service, for conditions such as anxiety and depression. This last audit showed that referrals by the practice had increased from 12.42% in 2014 to 19.3% in 2015. This compared with iCope's predicted figure of 12%, and represented the highest referral rate of all practices in the Camden CCG.

### Effective staffing

# Are services effective?

## (for example, treatment is effective)

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

- We saw examples of staff rotas 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. However, staff told us that few locums were used and those who were had been trained at the practice and were familiar with its systems and governance.
- Partner GPs told us of arrangements in place for succession planning. The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those staff who was responsible for 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. The practice used a "360-Degree" appraisal process whereby staff received confidential, anonymous feedback from both their manager and colleagues.
- 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. Training needs were monitored using the computer system which recorded the various mandatory training subjects and flagged when refresher training was due.

### 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. We saw several examples on various patients' records which we reviewed with clinical staff.
- The practice shared relevant information with other providers 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. 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.

### 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. We saw that all clinical staff had received training in Mental Capacity and Consent and that dates for when training was due was recorded.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Staff were able to demonstrate a familiarity with children's capacity to consent to treatment, 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.

# Are services effective?

(for example, treatment is effective)

- 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.
- 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 85% of patients aged over-16. It was opportunistically offering them smoking cessation advice and well as publicising smoking cessation appointments with the practice nurse on its website. Data from the 2014/15 QOF results showed the practice achieved 99.8% related to Public Health smoking indicators, this being 5.2% above the CCG average and 4.7% above the national.

The practice's uptake for the cervical screening programme 79.55% being approximately 7% above the CCG average. There was a policy to offer telephone reminders for all patients who did not attend for their cervical screening test. The practice demonstrated how it 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, with its results for both being above the CCG averages. 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 website had information about the winter influenza vaccination programme and weekly influenza clinics had operated in October and November 2015. The vaccination rates for patients identified as being at risk due to existing health conditions was 92%, comparable with the CCG average. Rates for immunisation against childhood diseases were above local averages. For example, rates for the immunisations given to under two year olds ranged from 75% to 96% and for five year olds from 81% to 96%.

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 972 patients (33% of those eligible) had received an NHS health check; whilst 2,851 patients (being 93% 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.

# 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.

All of the 34 patient comments cards we received and the nine patients we spoke with were positive about the service experienced. The 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.

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

- 94% 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%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 98% 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%.
- 95% 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%.
- 89% 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, 97% of patients said they found the receptionists at the practice helpful (CCG 87% and national 87%).

We saw that the practice monitored the results of the patients' survey, together with the Friends and Family Test, and checked and responded to reviews left by patients on the NHS Choices website.

### 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.

Results from the national GP patient survey regarding patients' involvement in planning and making decisions about their care and treatment were above local and national averages. For example -

- 87% 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%.
- 91% 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%.
- 87% 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 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.

### Patient and carer support to cope emotionally with care and treatment

There were notices and patient leaflets 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.

## Are services caring?

The practice's computer system alerted GPs when a patient was recorded as being a carer. The practice had identified 126 patients as carers, being approximately 1.93% 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 and on the practice website.

# 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 of 15 minutes were available from 8.00 am on Tuesdays and Thursdays and until 8.00 pm on Mondays for patients not able to attend during normal working hours.
- There were quick access appointments of 10 minutes available between 9.40 am and 12.30 pm, Monday to Friday, which could be booked 48 hours in advance and were available on the day.
- Routine appointments could be booked up to four 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. Non-urgent matters could be addressed by email.
- There were disabled facilities, with a fixed hearing loop in the reception area and portable loops for individual consultations.
- An interpreting service was available.
- Appointments could be booked, and repeat prescription requested, online. There was a 24-hour automated phone booking system.

### Access to the service

The practice was open throughout the day, without closing for lunch:

Monday 9:00 am - 8:00 pm

Tuesday 8:00 am - 4:30 pm

Wednesday 9:00 am - 6:30 pm

Thursday 8:00 am - 4:30 pm

Friday 9:00 am - 6:30 pm

Morning and afternoon sessions for routine booked appointments were as follows:

Monday 9.00 am – 10.45 am 2.30 pm – 8.00 pm

Tuesday 8.00 am – 10.45 am 2.00 pm – 4.15 pm

Wednesday 9.00 am – 10.45 am 2.30 pm – 6.00 pm

Thursday 8.00 am – 10.45 am 2.00 pm – 4.15 pm

Friday 9.00 am – 10.45 am 2.30 pm – 6.00 pm

Routine appointments were 15 minutes long and could be booked up to one month in advance. If they had previously registered for the system, patients could also book appointments and request repeat prescriptions online.

In addition, the practice provided quick access appointments between 9.40 am and 12.30 pm, Monday to Friday. These appointments were 10 minutes long and could be booked by phone or in person, 48 hours in advance or on the same day. The quick access service was operated by four or five GPs on a rota basis and patients might not be able to see the GP of their choice. The GPs conducted telephone consultations with patients and made a high number of home visits. Patients could also email the GPs for advice on non-urgent conditions.

The practice was closed at weekends, but a number of weekend appointments were available under a local scheme operating at three locations across 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.

The practice operates from 3 Park End, in a courtyard off South Hill Park. There was limited signage directing patients to the premises - a small sign on the opposite side of South Park Hill – which two patients raised with us. The practice was aware of the matter and had had discussions with the local authority in the past. Staff said they would look again at the issue, with a view to improving the signage.

We saw from the results of the national GP patient survey showed that 92% of patients said they could get through easily compared to the local average of 76% and the national average of 73%; and that 83% of patients were satisfied with the practice's opening hours compared to the local average of 72% and the national average of 76%.

# Are services responsive to people's needs?

(for example, to feedback?)

Although most of the 34 patients' comments card we received were positive about access to the service, two patients' cards mentioned delays in obtaining routine appointments, particularly with their preferred GPs. This was also mentioned by one of the patients we spoke with. We noted that the results of the GP patient survey regarding access were above average, with 92% of patients saying they were able to get an appointment to see or speak to someone the last time they tried (CCG average: 84% and national average: 85%). However, they also reflected patients' comments regarding continuity of care, with 48% usually getting to see or speak to their preferred GP (CCG average: 53% and national average: 59%). We saw that the one of the partner GPs proactively monitored the provision of routine and quick access appointments to ensure that resources were appropriately channelled and used as efficiently as possible.

The premises were accessible to patients with mobility problems. There were nine treatment / consultation rooms, all with step-free access and a disabled parking bay. The decoration colour scheme had been designed using high contrast colours to assist patients with a visual impairment.

## 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.
- The practice manager 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.

We saw that 10 complaints had been made during the last 12 months. The complaints were satisfactorily handled and 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, a patient complained that a prescription that they had requested had not been received by their pharmacy four days later when they went to collect it. The practice manager investigated and confirmed that the prescription had been sent on the day it had been requested. A letter was sent to the patient within two days, with the outcome of the investigation, explaining that it was likely that the prescription had been delayed in the post. The letter provided information on the benefits of electronic prescribing and offered to have the service set up for the patient to prevent any recurring postal delays.

# 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. It had a practice charter, which was displayed at the premises and included on its website, in which it undertook –

- To provide care of a high medical standard.
- To respect the privacy and personal beliefs of all patients and treat them with courtesy and consideration.
- To keep the medical records secure and confidential.
- To deal with requests for information and send referral letters within seven working days.
- To see all urgent medical problems the same day.
- To issue repeat prescriptions within two working days.
- To reply to any complaint within 14 working days and aim to put the matter right by discussion with you, and, if necessary, implement changes.
- To do our best to see patients on time.

It had a robust strategy and a supporting business plan which reflected the aims and values and which were regularly monitored. The business plan included the practice's visions for the future –

- Offer excellent clinical care in an NHS primary care setting.
- Ensure that patients are encouraged and supported to work with the primary care team to achieve the best health outcomes.
- Prioritise health education and preventive medicine to avoid unnecessary acute episodes where possible.
- Offer continuity of care particularly to patients with long term conditions.
- Contribute to the on-going learning and development of our team members, medical students and training GPs.
- Offer our services from welcoming, bright and clean premises.
- Actively foster collaboration and team working among members of our primary care team.
- Provide a pleasant and constructive working environment for our staff team.
- Create constructive working relationships with our patients, staff, external partners and agencies in order to achieve the above aims.

Staff we spoke with fully supported both the charter and stated visions.

### 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. The policies and protocols had been reviewed earlier in the year prior to them being uploaded onto the new practice management computer system.
- A comprehensive understanding of the performance of the practice was maintained. One of the partner GPs was responsible for monitoring the overall QOF performance figures. Others partner GPs monitored specific subject areas of QOF.
- The practice also monitored the results of the GP patients' survey, together with the Friends and Family Test, and checked and responded to reviews left by patients on the NHS Choices website.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. Audits had been initiated by both the practice and the local CCG, for example relating to prescribing; reviews of patients with particular health conditions; and appointments and referrals.
- 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 and practice manager 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

# Are services well-led?

Good 

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

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.

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

- There were clinical meetings held twice a week and administrative team meetings once a month. 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. 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. One staff member told us they had requested training in medical terminology, which had been supported and arranged by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. It carried out regular patient surveys. There were comments and suggestions forms available in the waiting area and the practice website had facilities for patients to submit them electronically. We also noted that the website had a facility allowing patients to submit comments and reviews of the service, which were accessible to all users of the website.

The practice also gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG was made up of 13 regular members and we spoke with three during our inspection. They were positive regarding the group's engagement with the practice. There were 45 patients on the mailing list and the group met every month. It submitted proposals for improvements to the practice management team. The group also reviewed anonymised

complaints. Minutes of PPG meetings were posted on the practice's website and were available for patients at the premises. The PPG had made suggestions which had been implemented by the practice. These included setting up a practice newsletter, increasing the size of the PPG, and a review of the quick access surgeries. A newsletter had been introduced, which was available in hard copy in the waiting area and accessible via the practice website. Patients who had given their consent received the newsletter by email. Four new members had joined the PPG. The review of quick access had been carried out and changes had been agreed in consultation with the PPG. The changes had been implemented in September 2015. Several members of the PPG also participated in wider engagement with patients who used other GPs, allowing feedback on issues relating to the Camden CCG as a whole.

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. For example, we were told that all staff are asked to suggest agenda items for the annual "away day" events. They also told us the practice arranged regular social events 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. It is a teaching practice and at the time of our inspection there were with three registrars (qualified doctors gaining general practice experience) placed there. It also mentored medical, healthcare and gap-year students (some from abroad) together with providing opportunities for sixth form work placements and apprentices.

The practice was working with two others nearby to examine what services could be shared across them. The group were producing funding applications to help support its development of the group, these included improvements to computer systems and phones.

The practice made good use of information technology to improve services. Its practice management computer system stored protocols, guidance and health care alerts, flagging these to staff to ensure they read them. The system

# Are services well-led?

Good 

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

issued alerts when governance documents were coming up for review. The practice manager was able to use the system to monitor that staff kept their mandatory training up to date.

We were shown an example of a drugs audit at the practice, which had been shared with the CCG, and was being offered to other practices to follow the methodology used.

The practice had taken part in a pilot in partnership with CCG to explore secure ways of online communication with patients, following which it had introduced a system for online consultations in non-urgent cases. The practice had also devised a spreadsheet to monitor the provision and costings of enhanced services, which had subsequently been adopted and further developed by the CCG.