

The Criswell Practice

Inspection report

6b Sloane Square
Chelsea
London
SW1W 8EE
Tel: 02077300505

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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 location

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 

Overall summary

This service is rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at The Criswell Practice on 23 November 2021 as part of our rating inspection programme for independent health services. This was the first comprehensive inspection of this service.

The Criswell Practice was established in 1990 and was registered with the Care Quality Commission in 2020. The practice operates a private GP service for patients, providing consultations and private prescriptions.

The principal doctor is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

As part of this inspection, patients of the practice were asked to give feedback to CQC about their experiences of using the service. We spoke with two patients about the service they have received, and all comments received were positive, mentioning: staff were courteous and efficient, GP had good knowledge and referral links with consultants, and consultation times were flexible to patient needs.

Our key findings were:

- Clinical notes were kept in line with best practice guidance, with evidence seen that thorough and detailed feedback from consultations was provided to patients.
- There were both reported and observed positive relations between staff and management.
- Referrals and transfers to other services were undertaken in a timely way.
- Comprehensive practice policies were in place and shown to be reviewed regularly.
- The practice adopted a person-centred approach to care and made conscious efforts to promote patient dignity and privacy. For example, soundproofing clinical room doors and playing low level music to reduce the risk of consultations being overheard.
- We saw no evidence of discrimination when making care and treatment decisions.
- Feedback from patients was positive about the way staff treated people.
- Information about how to raise concerns was available.

The areas where the provider **should** make improvements are:

Overall summary

- Considering fitting clinical rooms with elbow operated mixer taps to comply with infection prevention and control requirements.
- The practice should formalise the process and documentation with monitoring stock control and expiry dates of emergency medicines, defibrillator and oxygen and vaccines, and ensure these are formally checked on a regular basis.
- The practice should formalise business continuity and succession planning.
- Develop an audit programme to improve care and ensure adherence to best practice guidance.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a specialist adviser.

Background to The Criswell Practice

The Criswell Practice is located at 6b Sloane Square, Chelsea, London, SW1W 8EE, which was visited as part of the inspection process. The service employs one male GP (who is on the GMC register), and a secretary.

The practice was established in 1990 to provide private general practitioner services. The provider registered with the Care Quality Commission in 2020 to provide the following regulated activities of: Diagnostic and Screening procedures and; Treatment of Disease, Disorder or Injury (TDDI).

The practice serves a patient population of approximately 5500, consisting of both children and adults. The practice does not have a website, nor does it advertise anywhere, so patients at the practice hear about the services via word of mouth and personal recommendation.

The service is open:

- Monday to Friday 8:30am-6pm.

GP consultations are available:

- Monday to Friday 8:30am-5:30pm.

In addition to this, the practice employs an out of hours service, which provides services on evenings, weekends and bank holidays.

All services are provided on the second floor of the building, with the premises shared with another CQC registered GP.

How we inspected this service

During this inspection we:

- Spoke with a range of staff including a doctor, who is also the registered manager and the practice manager.
- Looked at the systems in place for the running of the service.
- Looked at rooms and equipment used in the delivery of the service.
- Viewed a sample of key policies and procedures.
- Explored how clinical decisions were made.
- Spoke with two patients to ascertain their views on the service provided.

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?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

We rated safe as Good because:

- The practice was aware and complied with the requirements of the Duty of Candour.
- The practice has systems in place to ensure blank prescriptions were stored securely.
- All staff had completed the appropriate level safeguarding training applicable to their role.

The areas where the provider **should** make improvements are:

- Clinical rooms should be fitted with elbow operated mixer taps to comply with infection prevention and control requirements.
- The practice should have specific logs to monitor stock control and expiry dates of emergency medicines, defibrillator and oxygen and vaccines, and ensure these are checked on a regular basis.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Whilst there was a notice in the waiting area regarding the chaperone service, there was not a trained member of staff on site. The practice reported that this service had not ever been utilised; however, immediately following inspection, the practice emailed the inspector with confirmation that a member of staff had been enrolled on to a chaperone e-learning course.
- There was a system in place to manage infection prevention and control. The practice had an estates company manage the legionella testing and a risk assessment was completed in March 2021. Legionella is a term for a bacterium which can contaminate water systems in buildings. The practice was aware that another risk assessment was due and evidence was seen that they were proactively liaising with the estates company regarding this.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

Are services safe?

- There were arrangements for planning and monitoring the number and mix of staff needed.
- The practice had local arrangements with other staff who could provide cover in the instance of staff absence, who had worked with the practice for a number of years. This mitigated the need for the practice to use locum or agency staff.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example potential cardiac arrest.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities.
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly. However, there was no formalised process or documentation around the regular checking of these items. Whilst we found no evidence of out of date or unsuitable equipment, the checks were seen to be completed informally and at irregular intervals. If items recommended in national guidance were not kept, there was an appropriate risk assessment to inform this decision.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

The service had mostly reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment did not fully minimise risks as there was a lack of formal process and documentation regarding the regularity of checks. The service kept prescription stationery securely and monitored its use.
- The service had completed a medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing; however, this was limited in scope and only single cycle.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this which protected patient safety.
- The service had adequate arrangements to respond to emergencies including emergency oxygen, emergency medicines and a defibrillator (an electronic device that analyses life threatening irregularities of the heart and can deliver an electrical shock to attempt to restore a normal heart rhythm).

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.

Are services safe?

- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service. Whilst no significant events have been recorded in the past 12 months, staff interviewed were able to describe how learning would be shared between one another.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place to report about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The service gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional staff.

Are services effective?

We rated effective as Good because:

- We saw no evidence of discrimination when making care and treatment decisions.
- Where patient needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- There was strong engagement with continued professional development (CPD) activities and multi-disciplinary forums.

The areas where the provider **should** make improvements are:

- Develop an audit programme to improve care and ensure adherence to best practice guidance.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing.
- Clinicians had enough information to make or confirm a diagnosis.
- We saw no evidence of discrimination when making care and treatment decisions.
- Arrangements were in place to deal with repeat patients. The service had a secure, electronic, patient records system.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

The service was not fully active with its involvement in quality improvement activity.

- The service provided two single cycle audits. However, there was not clear evidence of action to resolve concerns and improve quality. For example, one audit looked at antibiotic prescribing, but this was only a single cycle audit looking at 10 patients, so was limited in scope.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

Are services effective?

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate. For example, evidence was seen that referrals to consultants were completed appropriately and often the practice was able to obtain a specialist appointment for their patients in a matter of days.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history. We saw examples of patients being signposted to more suitable sources of treatment where this information was not available to ensure safe care and treatment.
- All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.
- The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long term conditions such as asthma. Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Care and treatment for patients in vulnerable circumstances was coordinated with other services.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.
- The service monitored the process for seeking consent appropriately.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, highlighted to patients and where appropriate highlighted to their normal care provider for additional support. For example, the practice would often refer patients back to their NHS GP for management of their long term condition(s).
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

We rated caring as Good because:

- Feedback from patients was positive about the way staff treated people.
- Staff communicated with people in a way they could understand.
- Staff recognised the importance of people's dignity and respect.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Interpretation services were available for patients who did not have English as a first language.
- Patients told us that 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.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- In addition, the practice had sought soundproofing for clinical room doors and played low level music in the waiting area to diminish voices being overheard during consultations.

Are services responsive to people's needs?

We rated responsive as Good because:

- The provider understood the needs of their patients and improved services in response to those needs.
- Information about how to make a complaint or raise concerns was available, and staff treated patients who made complaints compassionately.
- Referrals and transfers to other services were undertaken in a timely way.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The provider understood the needs of their patients and improved services in response to those needs. For example, the practice was flexible around the needs of the patients and could offer longer consultations if required.
- The facilities and premises were appropriate for the services delivered.
- Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, home visits could be completed with prior arrangement.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. For example, referrals to consultants for specialist appointments often had appointments given within a matter of days.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends.

Are services well-led?

We rated well-led as Good because:

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services.
- The service developed its vision, values and strategy jointly with staff and external partners.
- The service encouraged and heard views and concerns from the patients, staff and external partners and acted on them to shape services and culture.

The areas where the provider **should** make improvements are:

- The practice should formalise business continuity and succession planning.

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. However, the service did not have a formal business or succession plan in place. There were informal arrangements in place, for example providing cover with another CQC registered GP on the same premises and handing down the business to family.
- The service developed its vision, values and strategy jointly with staff and external partners (where relevant).
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Are services well-led?

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The service used performance information which was reported and monitored, and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of safety alerts, incidents, and complaints.
- There was limited evidence of action to change services to improve quality, due to the single cycle nature of the audits shown during inspection.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Are services well-led?

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from patients, staff and external partners and acted on them to shape services and culture.
- Staff could describe to us the systems in place to give feedback. For example, feedback would often be given in letter format and this was used during the GP's yearly clinical appraisal.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.