

Carlton House

Inspection report

28 Tenniswood Road

Enfield

Middlesex

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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?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall.

The key questions at this inspection 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 Carlton House on 7 March 2019 as part of our inspection programme.

At this inspection we found:

- The service had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the service learned from them and improved their processes.

- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

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

- Review arrangements for carrying out regular health and safety risk assessments.
- Continue to monitor vaccination fridge temperatures 7 days a week.

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 Care Quality Commission (CQC) lead inspector. The team included a GP specialist advisor, a nurse specialist advisor and a practice manager specialist advisor.

Background to Carlton House

Carton House operates from Carton House Surgery, 28 Tenniswood Road, Enfield, Middlesex, EN1 3LL and provides a GP led, pre-booked extended access service and walk-in service for assessment and treatment of adults and children. The service is one of the four GP hubs in Enfield commissioned by the local Clinical Commissioning Group (CCG) and provided by Enfield One Limited.

The pre-bookable extended hours service is available to Enfield residents or those who are registered with an Enfield GP. Patients can call between 8am and 8pm and directly book an appointment via a dedicated phone line or through their own GP practice. The service is open from 1:30pm to 8pm on weekdays and from 8am to 8pm on Saturdays and Sundays.

The walk-in service is available on weekends and bank holidays between 8am-8pm.

The provider has centralised governance for its services which are co-ordinated by service managers and senior clinicians.

The clinical team at the hub is made up of four GP Directors, 38 long-term locum GPs and 11 locum nurses. The non-clinical service team consists of an operations manager, hub manager and administrative staff members.

The provider is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, maternity and midwifery services, and treatment of disease, disorder or injury.

Are services safe?

We rated the service as good for providing safe services.

Safety systems and processes

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

- The service had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. Clinicians were trained to child protection or child safeguarding level 3 and non-clinical staff were trained to either level 2 or level 1. They knew how to identify and report concerns. Learning from safeguarding incidents were discussed at relevant meetings.
- Notices were displayed to advise patients that a chaperone service was available if required. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The service carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control. We observed the premises to be clean and tidy. We saw evidence of cleaning specifications and records were in place to demonstrate cleaning took place on a daily basis. The service undertook regular infection prevention and control audits and acted on the findings.
- The service had arrangements to ensure facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The service was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- All administrative staff were fire marshals and had undertaken fire marshal training.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- The service had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including medical gases, emergency medicines and equipment, minimised risks.
- The service did not store three of the recommended emergency medicines to deal with analgesia, croup in children and an injectable medicine to deal with severe asthma or severe or recurrent anaphylaxis, however, the service had carried out a risk assessment for not having

Are services safe?

these medicines and had not identified any patient risk. Nevertheless, immediately after the inspection the service provided us with confirming evidence that these three medicines had been purchased.

- The hub provided a childhood vaccination service. National guidance published by Public Health England states that vaccinations should be kept refrigerated between the temperatures of +2 and +8° and the temperature must be monitored and recorded daily to ensure it is within the correct range. We found the service was recording the fridge temperatures during the week. However, the hub service was not recording the temperatures over the weekend. Post inspection the hub provided us with confirming evidence the fridge temperatures were now being recorded 7 days a week.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The service had reviewed its antimicrobial prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- We reviewed records for eight patients who had been prescribed high-risk medicines (for example, warfarin, methotrexate and lithium) and found there was safe and appropriate monitoring and clinical review prior to prescribing. We saw evidence that the service would communicate with the patient's GP if high-risk medicines had been prescribed.

Track record on safety

The service had a good track record on safety.

- The service monitored and reviewed safety using information from a range of sources.
- There were comprehensive risk assessments in relation to safety issues for example, annual fire risk assessments, annual infection prevention and control

audits, annual portable appliance testing, annual calibration of medical equipment and risk assessments were in place for any storage of hazardous substances. However, the practice had not carried out a documented health and safety risk assessment of the premises. Immediately after the inspection the practice provided us with confirming evidence that a health and safety risk assessment had been carried out and that it did not identify any concerns.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- 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. The provider informed us that all incidents were investigated and any learning from these incidents was shared with staff. We saw the service carried out a thorough analysis of significant events; all incidents were risk rated to assess their impact to ensure they were appropriately managed. Incidents were shared with staff and where appropriate with the the local Clinical Commissioning Group (CCG).
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service held a log of all the medicines and safety alerts and actions undertaken for relevant alerts. The provider informed us they discussed medicines and safety alerts in clinical meetings and minutes of these meetings were disseminated to all clinical staff to ensure learning; we saw evidence to support this.

Are services effective?

We rated the service as good for providing effective services.

Effective needs assessment, care and treatment

The service had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- The service monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- Reception staff also knew to contact clinical staff for any patients presenting with high risk symptoms such as chest pain or difficulty in breathing.

Monitoring care and treatment

The service collected a range of information for the local Clinical Commissioning Group (CCG). This information included but were not limited to; appointment utilisation statistics; patients who did not attend their appointments; patients seen within 30 minutes of appointment time; patients seen within 60 minutes of appointment times; demographics of patients attending the service; patient feedback based on friends and family test; and prescribing audits. No formal key performance indicators (KPI) were set for the extended hours hub service. One KPI was set for the walk-in service which was 95% of patients should be seen within one hour of arriving at the service. The practice showed us data which confirmed:

- Between the periods of June 2017- January 2019 95% of patients were seen within 30 minutes.
- The Did Not Attend (DNA) rate was 19% for 2018 and for January -March 2019 it had reduced to 16%.

There was evidence of quality improvement and they routinely reviewed the effectiveness and appropriateness of the care provided.

- The service undertook quarterly antimicrobial prescribing audits to ascertain if antimicrobials were prescribed according to evidence-based guidelines. The

service also carried out individual GP prescribing audits and discussed the results with GP's identified as high prescribers. All GPs had access to the local CCG prescribing guidelines.

- The service reviewed the notes of long term locum GPs using the RCGP criteria and one to one feedback was provided if any concerns were identified and we saw evidence to support this.
- The service informed us they were continually monitoring DNA rates to reduce their DNA rates. The service contacted GP practices when patients had missed their appointments to ascertain reasons and to explain the importance of educating patients to cancel appointments they no longer needed.

Effective staffing

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

- Staff had appropriate knowledge for their role.
- The service 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.
- Mandatory training for staff included Anaphylaxis and Basic Life Support, Chaperoning, Equality and Diversity, Fire Safety, Infection Prevention and Control, Data Security and Protection, Mental Capacity Act, Health and Safety, Safeguarding adults and children and General Data Protection Regulation.
- The service provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, coaching and mentoring and clinical supervision, where needed.
- The service could demonstrate how they ensured role-specific training and updating for relevant staff.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- The patients who used the service had a report detailing the care they received (for example discharge summary, test results, hospital letters), and this information was sent to their GP. Where patients did not have a registered GP they were provided a hard copy of the discharge summary.

Are services effective?

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The service shared clear and accurate information with relevant professionals
- Patients received coordinated and person-centred care.

Helping patients to live healthier lives

As a GP Hub and walk-in service, the provider was not able to deliver continuity of care to support patients to live healthier lives in the same way that a GP practice would. However, we saw the service demonstrated their commitment to patient education and the promotion of health and well-being advice.

Staff we spoke to demonstrated a good knowledge of local and wider health needs of patient groups who may attend

the service. GPs and nurses told us they offered patients general health advice within the consultation and if required they referred patients to their own GP for further information.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services caring?

We rated the service as good for caring.

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.
- The service gave patients timely support and information.
- We received 69 Care Quality Commission patient comment cards and feedback from the three patients we spoke to were positive about the service experienced. Patients reported the service provided was excellent and staff were friendly and helpful.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given.)

- Staff communicated with people in a way they could understand, for example, communication aids and easy read materials were available.
- Information leaflets, including easy read format leaflets were available.
- Staff helped patients and their carers find further information and access community and advocacy services.

Privacy and dignity

The service respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Are services responsive to people's needs?

We rated the service as good for providing responsive services.

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 service understood the needs of its population and tailored services in response to those needs.
- The facilities and premises were appropriate for the services delivered.
- The service made reasonable adjustments when patients found it hard to access services. Patients had access to translation services and there was a hearing loop in place in the reception area for patients who had hearing difficulties.
- The service had multilingual staff who could support patients.
- The service informed us that homeless patients and unregistered patients would be seen at this service. Unregistered patients were advised to register with a GP and were signposted to NHS Choices website to help them do this.
- The service was advertised in Enfield GP practices websites.
- The service carried out cervical smear screening and childhood immunisations for Enfield patients to improve uptake of all local practices.

The CCG carried out annual patient satisfaction surveys for the service. We reviewed a recent letter from the CCG which confirmed for the last two years the patient satisfaction surveys received by the CCG showed that over 90% of patients had a positive experience of the service provided.

Timely access to care and treatment

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

- Patients had timely access to initial assessment, diagnosis and treatment.
- The service had a back-up rota system which they utilised if appointments were not running to time and if there was a large demand for the walk-in service. The clinicians on the back-up rota system all lived within the local area and could get to the service within 10-15 minutes of being called.
- Waiting times and delays were minimal and managed appropriately.
- The extended hours hub service was open between 1:30pm to 8pm Monday to Friday and between 8am to 8pm on weekends. The walk-in service was open between 8am-8pm on weekends and bank holidays. Local patients could book appointments for the hub service by calling the Enfield GP hub call centre between 8am and 8pm 7 days a week. The appointments could also be booked through their own practice, via 111/ Urgent Care or Accident and Emergency (A&E).

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 complaint policy and procedures were in line with recognised guidance. The service learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care.

Are services well-led?

We rated the service as good for providing a well-led service.

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 service 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, sustainable care.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The service planned its services to meet the needs of the service population.
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in 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 we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence these would be addressed.

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. 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 co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Service leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The local management team included four GP directors, an operations manager and a service manager.
- The service held monthly clinical and non-clinical meetings.

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. Service leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audits had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.

Are services well-led?

- The service had plans in place and had trained staff to deal with major incidents.
- The service considered and understood the impact on the quality of care of service changes or developments.

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.
- 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.
- The service used information technology systems to monitor and improve the quality of care.
- 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.

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.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- The service obtained feedback from patients from a range of sources including local Healthwatch, NHS choices, complaints, comments and suggestions, direct feedback during clinical encounters, patient survey and friends and family test.
- Staff we spoke to informed us they were always consulted before making any changes that may affect their work.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The local accident and emergency (A&E) and 111 services departments were encouraged to re-direct suitable patients to the HUB service by calling the HUB direct line. The provider informed us that local A&E attendance had reduced since the start of this service.
- Staff knew about improvement methods and had the skills to use them.
- 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.