Cholmley Gardens Surgery

Inspection report

1 Cholmley Gardens
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Date of inspection visit: 19 October 2021 and 9 November 2021
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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	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires Improvement

Overall summary

We carried out an unannounced inspection visit at Cholmley Gardens Surgery (the practice) on 19 October 2021 and a further announced visit on 9 November 2021.

Overall, the practice is rated as Requires improvement

Safe – Requires improvement

Effective - Good

Caring - Good

Responsive - Good

Well-led – Requires improvement

Following our previous inspection on 17 November 2016, the practice was rated Good overall and for all key questions. The full reports for previous inspections can be found on our website at –

https://www.cqc.org.uk/location/1-572590221/reports

Why we carried out this inspection

This was a comprehensive inspection carried out in response to us receiving information of concern. This was principally relating to patients' access to the service and the availability of clinical staff, which we established to be unfounded.

How we carried out the inspection

Throughout the COVID pandemic CQC has continued to regulate and respond to risk. However, having taken account of the circumstances arising from the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- An initial site visit
- Conducting staff interviews using video conferencing
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the practice
- Requesting evidence from the practice
- A further site visit

Our findings

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected

Overall summary

- information from our ongoing monitoring of data about services, and
- information from the practice, patients, the public and other organisations

We found that:

- Leaders had identified where improvements were needed and had taken action to address concerns. However, the process was continuing, and the changes made need to be sustained and embedded and the improvement needs to be maintained.
- The practice's governance policies and protocols were in the process of review.
- Work on revising the practice's patient list to ensure its accuracy was ongoing.
- The practice could not provide sufficient evidence that all staff members had received mandatory training appropriate to their roles and responsibilities.
- Health and Safety, Fire and Legionella risk assessments had been carried out, but there was limited evidence of action being taken to address all the issues identified.
- The practice worked well with other agencies to provide patients with co-ordinated and effective care, which met their needs.
- Feedback from the national GP Patient Survey was generally positive regarding caring and responsive aspects of the service, above or on par with local averages.
- Patients could access care and treatment in a timely way.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic.

We found two breaches of regulations. The practice **must**:

- Ensure care and treatment is provided in a safe way to patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

In addition, the practice **should**:

- Provide further training and guidance on the patient records system to ensure care reviews were clearly noted.
- Continue with efforts to improve the uptake rates for childhood immunisations and cervical cancer screening.
- Continue with action to review and update the practice website.
- Continue with plans to reinstate its own patient survey activities, such as the Friends and Family Test, and reactivate the Patient Participation Group.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

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 who spoke with staff using video conferencing facilities and undertook two site visits, the first with a practice manager specialist adviser. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Cholmley Gardens Surgery

Cholmley Gardens Surgery (the practice) operates at 1 Cholmley Gardens, London NW6 1AE. Dr Eric Ansell is the registered provider of the service (the provider), registered with CQC to deliver the following Regulated Activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury
- Maternity and midwifery services
- Family planning

The practice operates within the North Central London Clinical Commissioning Group (CCG) and delivers services under a Personal Medical Services (PMS) contract with NHS England to a patient population of 7,937 listed as at 1 October 2021. The practice is part of the Central Hampstead (PCN), working closely with four other local practices.

Information published by Public Health England shows very low patient deprivation in the practice population group. The practice area has the second highest decile (ninth out of 10); the lower the decile, the more deprived the practice population is relative to others. According to the latest available data, the ethnic make-up of the practice area is 73% White, 12% Asian, 5% Black, 5% Mixed, and 4% Other.

The clinical team comprises the provider, who is a male GP, two female salaried GPs and a male salaried GP. In addition, there are three long-term female locum GPs, three practice nurses, a physician's associate, a PCN pharmacist and a healthcare assistant.

There is an administrative team comprising the practice manager and deputy manager, five reception / administration staff and a medical summariser.

The practice operates between 8:00 am and 6:30 pm Monday to Friday. Appointments are available throughout the day. Extended access is provided at the practice each weekday morning between 7:30 and 8:00 am and on Wednesday evenings between 6:30 pm and 8:00 pm. In addition, one of the two local GP federations provides extended access at four hubs in Camden on weekday evenings between 6:30 pm and 8:00 pm, and from 8:00 am to 8:00 pm at weekends. The practice has opted out of operating an out-of-hours service. Patients contacting the practice when it is closed are connected to the local out-of-hours provider.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, appointment requests can be made using the eConsult online system, accessed via the practice website. Requests are triaged to establish whether face to face consultations are needed and these are provided.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** • We found there was no procedure document outlining the duty doctor's responsibilities • There was insufficient evidence all staff (many of whom were new) had received mandatory training. • The practice's governance policies and protocols were in need of review. Work on this was ongoing. • The practice's patient list needed review to ensure its accuracy. Work on this was also ongoing. This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** • We found insufficient evidence that all staff members had received mandatory training appropriate to their roles and responsibilities. • Records relating to staff member's immunisation status were not complete. • Health and Safety, Fire and Legionella risk assessments had been carried out, but there was limited evidence of action being taken to address all the issues identified. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.