

# Dr Philip Matthewman

## Inspection report


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Date of inspection visit: 7 August 2018  
Date of publication: 14/11/2018

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

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Inadequate 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Inadequate 

# Overall summary

## This practice is rated as Inadequate

(Previous rating 15 January 2018– Requires Improvement)

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Inadequate

We carried out an announced comprehensive inspection at Dr Philip Matthewman on 7 August 2018. We undertook this inspection to follow up on breaches in regulations identified at our previous inspection on 15 January 2018 and to confirm that the practice was now meeting legal requirements.

At this inspection we found:

- Systems and processes were in place to keep people safe. However, these systems were not operated effectively to ensure care and treatment to patients was provided in a safe way.
- The practice did not have effective systems in place for the management, monitoring and recording of emergency equipment and emergency medicines.
- The practice did not have appropriate systems in place to ensure the safe management of medicines. For example, those in relation to the monitoring and security of prescriptions, management of patients prescribed high risk medicines, following up vulnerable patients who failed to attend an appointment or collect their medicine, and the safe disposal of unwanted medicines returned to the practice.
- We were not assured both clinical and non-clinical staff had completed the appropriate level of safeguarding children training. We were not assured that there was an effective process in place to ensure all children who did not attend their appointment following referral to secondary care or for immunisations were appropriately monitored and followed up.
- There was no practice policy for significant events and incident reporting and we were not assured staff reported, recorded and learned from significant events and incidents effectively.

- There had been insufficient improvements since our previous inspection in outcomes for patients with long term health conditions, particularly those with diabetes. In addition, cervical screening uptake rates were still significantly below local and national averages.
- Non-clinical staff had not undertaken sepsis training and were unable to demonstrate an understanding of what sepsis was or how to identify a deteriorating patient.
- There was no evidence to demonstrate that health and safety risk assessments had been carried out at the premises.
- We were not assured clinical staff understood the Gillick competency and Fraser guidelines for the care and treatment of patients under the age of 16.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice organised and delivered services to meet most patients' needs and preferences.
- Patients found the appointment system easy to use and reported that they could access care when they needed it.
- We found there was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively, in particular in relation to medicines management; health and safety of premises; staff training in safeguarding and the identification of symptoms associated with sepsis.

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

- Ensure that care and treatment is provided in a safe way to patients. Please refer to the enforcement actions at the end of this report for further details.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. Please refer to the enforcement actions at the end of this report for more details.

# Overall summary

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

- Review clinical staff training for Gillick competency and Fraser guidelines for the care and treatment of patients under the age of 16.
- Review the provision of sharps injury guidance to ensure it is available in consulting or treatment in order to provide staff with quick access to information on the steps to be taken in the event of a sharps injury.
- Review the availability of practice information in easy read and large print material.
- Review the arrangements for cleaning/washing curtains in consultation rooms to ensure they are in line with current national guidance.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made

such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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

## Population group ratings

<b>Older people</b>	<b>Inadequate</b> 
<b>People with long-term conditions</b>	<b>Inadequate</b> 
<b>Families, children and young people</b>	<b>Inadequate</b> 
<b>Working age people (including those recently retired and students)</b>	<b>Inadequate</b> 
<b>People whose circumstances may make them vulnerable</b>	<b>Inadequate</b> 
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Inadequate</b> 

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, and a second CQC inspector.

## Background to Dr Philip Matthewman

Dr Philip Matthewman (the provider) is a sole practitioner, whose practice operates at 87-89 Prince of Wales Road, London NW5 3NT. The provider is part-owner of the premises which are shared with another provider of healthcare services. There are good transport links with tube and overground stations nearby.

The practice provides NHS services through a General Medical Services (GMS) contract to 2,028 patients. The practice is part of the NHS Camden Clinical Commissioning Group (CCG) which is made up of 35 general practices. The practice is registered with the CQC to carry out the following regulated activities - diagnostic and screening procedures, treatment of disease, disorder or injury, surgical procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury. The patient profile for the practice has an above-average working age population, between the ages of 20 and 49 years and fewer than average children, teenagers and older patients, aged over-50. The locality has a higher than average deprivation level. Over a third of the practice area population is of black and minority ethnic background.

The practice's clinical team is led by the provider, who provides nine clinical sessions per week. A female locum GP provides one clinical session per month – usually a Monday afternoon. A male long-term locum GP provides

occasional sessions to cover the provider's absence. A female specialist nurse works at the practice once a month, providing a diabetes clinic. There are two full-time administrators/receptionists.

The practice reception operates during the following times:

Monday 9am – 12 noon 3pm – 5pm

Tuesday 9am – 12 noon 4pm – 6 pm

Wednesday 9am – 12 noon 4pm – 7.30pm

Thursday 9am – 12 noon Closed

Friday 9am – 12 noon 4pm – 6.30pm

A walk in clinic operates between 9am and 11.30 am, Monday to Friday, for which no appointment is needed. Between 11.30am and 12 noon, the GP is available for telephone consultations with patients. Patients can book appointments for the afternoon clinics, which operates during the following times:

Monday 3pm – 5pm

Tuesday 4pm – 6pm

Wednesday 5pm – 7.30pm

Friday 4.30pm – 6.30pm

The practice is closed on Thursday afternoons. Standard appointments are 10 minutes long, with patients being encouraged to book double slots should they have several issues to discuss. Patients who have previously registered to do so may book appointments online. The provider is able to carry out home visits for patients whose health condition prevents them attending the surgery.

In addition to the extended hours operated by the practice on Wednesday evening, the CCG has commissioned an extended hours service, which operates between 6.30pm and 8pm on weeknights and

from 8am to 8pm at weekends at four “Hub” locations across the borough. Patients may book appointments with the service by contacting the practice or the Hubs themselves.

The practice has opted out of providing an out-of-hours service. However, the provider is available outside usual surgery hours, with the practice’s phone line being routed to an answering service, which will pass on messages. Otherwise, patients calling the practice when it is closed are connected with the local out-of-hours service provider via NHS 111.

# Are services safe?

## We rated the practice as inadequate for providing safe services.

At our previous inspection on 15 January 2018, we rated the practice as good for providing safe services.

At this inspection we found several new concerns and the practice was rated as inadequate for providing safe services because:

- The practice did not have effective systems in place for the monitoring and recording of emergency equipment and emergency medicines; and medicine needs for vulnerable patients were not kept under review, for example uncollected prescriptions were not monitored.
- We were not assured both clinical and non-clinical staff had completed the appropriate level of safeguarding children training; or there was an effective process in place to ensure all children who did not attend their appointment following referral to secondary care or for immunisations were appropriately monitored and followed up.
- We were not assured staff reported, recorded and learned from significant events and incidents effectively.
- Staff did not appropriately manage information needed to deliver safe care and treatment to patients who were prescribed a high risk medicine.
- There were no arrangements in place to ensure that any unused medicines handed in to the practice by patients were safely destroyed or disposed of as recommended by national clinical guidance.
- The provider could not provide evidence that health and safety/ premises and security risk assessments had been carried out.
- We asked the lead GP how the practice monitored and followed up failed attendances for children's appointments following referrals to secondary care or for immunisations. The lead GP told us in the first instance he would telephone and if this was unsuccessful he would write a letter but did not make a third attempt as some patients return abroad and he didn't always attempt to contact parents or carers when children were not brought in for booked appointments.
- Staff worked with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- Staff had received training in infection prevention and control (IPC) and an IPC audit had been carried out in September 2017. However, we noted that the disposable curtain in the treatment room was last replaced in January 2018 and the curtain in the consultation room had last been dry cleaned in January 2018. Current National guidance states that curtains should be cleaned or changed six monthly.
- There was a sharps injury policy in place, however, there was no sharps injury guidance on display in the consulting or treatment rooms in order to provide staff with quick access to information on the steps to be taken in the event of a sharps injury.
- Staff who acted as chaperones were trained for their role and had received a DBS check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice carried out appropriate staff checks at the time of recruitment. One of the administrative staff also undertook general cleaning, carried out in accordance with a written specification, last reviewed in January 2018 and cleaning logs were maintained. The practice also maintained logs to confirm that medical equipment was cleaned regularly and maintained according to manufacturers' instructions. A risk assessment in respect of legionella, a bacterium which can contaminate water systems in buildings had been carried out.

## Safety systems and processes

The practice had some systems to keep people safe and safeguarded from abuse but these were inadequate.

- The practice had some systems to safeguard children and vulnerable adults from abuse. Staff knew how to identify and report concerns. However, the practice was unable to provide us with certificates to confirm that both clinical and non-clinical staff had completed the appropriate level of safeguarding children training in accordance with their roles.

# Are services safe?

- Arrangements for managing waste and clinical specimens kept people safe, and clinical waste was collected weekly by an external organisation contracted by the Clinical Commissioning Group.

## Risks to patients

Whilst the practice had some systems in place to assess, monitor and manage risks to patient safety, others were inadequate.

- 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.
- Since the previous inspection, arrangements were now in place to address action we said the provider must take in relation to monitoring patients' two-week wait referrals and for conducting records searches when drugs alerts were received.
- We found that the practice was not following the system it had put in place in response action we said the provider must take at our previous inspection to monitor uncollected prescriptions. There was evidence that under this system the GP was not as intended being alerted in a timely fashion that vulnerable patients had not received their medicines.
- There were no lockable printer trays to keep prescription stationary secure at all times in the practice and this was not mitigated by a risk assessment. There was no system in place to effectively monitor prescriptions both on delivery and when they were distributed through the practice. The lead GP told us the recording of serial numbers of prescription pads was unnecessary; this was contrary to national guidance.
- The process for checking emergency medicines and equipment in the practice was not effective. We found that the practice did not stock some emergency medicines recommended in National guidance. The lead GP was not aware that these emergency medicines were not stocked in the practice and there was no documented evidence of a risk assessment carried out to identify a list of medicines that were not suitable for the practice. Despite a system of checks in place, the oxygen cylinder held on the premises was out of date.
- Non-clinical staff had not undertaken sepsis training. Non-clinical staff we spoke with were unable to

demonstrate an understanding of what sepsis was or what was associated with symptoms of a deteriorating patient or someone that needed urgent care, for example high temperature or chest pains.

## Information to deliver safe care and treatment

Staff did not always appropriately manage information needed to deliver safe care and treatment to patients.

- Patient records for patients prescribed high risk medicines did not always contain enough information to keep patients safe. We found that blood test results were not always available or up to date prior to prescriptions being provided.
- The lack of full and comprehensive care records for patients being prescribed this high risk medicine put the patients at serious risk of harm as other clinicians (such as locums) undertaking consultations for these patients would not have access to their full medical histories.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

## Appropriate and safe use of medicines

The practice had some systems for appropriate and safe handling of medicines but these were inadequate.

- The systems for managing and storing medicines, including medical gases, emergency medicines and equipment, were ineffective and did not minimise risks.
- During our inspection we found that a patient had returned a controlled drug to the practice and this had not been handled in line with guidance.
- With the exception of high risk medicine, the GP prescribed, administered and supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.

## Track record on safety

## Are services safe?

The practice could not demonstrate that all of the recommendations from our previous inspection had been actioned.

- There was some evidence that risk assessments had been undertaken. For example annual fire risk assessments were documented and there was evidence that electrical and clinical equipment had been tested to ensure they were safe and fit for purpose.
- The practice was unable to provide evidence that health and safety and premise/security risk assessments had been carried out at the practice.

### Lessons learned and improvements made

- The practice provided limited evidence that they learned and made improvements when things went wrong.

- Although clinical staff understood they had a duty to raise concerns and report incidents and near misses, there was no practice policy for significant events and incident reporting.
- There had been no significant events recorded in the past 12 months and none in 2016 / 17. There had been five in 2015 / 16 and eight in 2014 / 15. We saw from practice meeting agendas that should any events be reported, they could be discussed and reviewed.
- The practice acted on medicine and patient safety alerts.

**Please refer to the Evidence Tables for further information.**



# Are services effective?

**At our previous inspection on 15 January 2018, we rated the practice as requires improvement for providing effective services as the arrangements in respect of the management of two-week wait referrals and performance in relation to**

**diabetes care and cervical cancer screening was significantly lower than average.**

**At this inspection the practice was rated as inadequate for providing effective services overall and for all population groups. In particular, we found continuing concerns for the care being provided to the 'working age' population group (specifically cervical cancer screening) and the 'people with long term conditions' population group (specifically in relation to diabetes care). Clinical outcomes for these groups remained significantly below averages.**

## Effective needs assessment, care and treatment

- The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. This included their clinical needs and their mental and physical wellbeing. The practice had access to guidance including that issued by the National Institute for Health and Care Excellence (NICE).
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- The practice used templates to manage long term conditions. For example we reviewed the template used for monitoring heart failure and found it to be appropriate.
- The practice had a process in place to effectively manage two week wait referrals for patients. Monthly checks had been introduced since our previous inspection whereby the lead GP printed all two week

wait referrals and checked if these appointments had been attended. Evidence of these checks undertaken were then stored in the practice's computer shared drive.

## Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tools to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medicine and were provided with home visits by the GP, if necessary.
- Older patients received a structured annual medicines review which included the review of polypharmacy (the concurrent use of multiple medicines).
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- We were told that the practice had good relations with a local centre which was a purpose-built Camden council resource centre for Camden residents aged 60 and over. Many of the practice's patients attended this centre, for lunch and for physical therapies.

## People with long-term conditions:

- Those staff who were responsible for reviews of patients with long term conditions had received specific training.
- For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- The 2016/2017 QOF data was still the most recently published data. This data indicated that the practice had performed lower in comparison to local and national averages for all three diabetes indicators.
- The GP showed us unverified and unpublished QOF data for 2017/2018 which indicated that the practice's overall performance for diabetes had deteriorated. We queried the continuing low QOF scores for patients with diabetes. Staff were unable to explain these low scores and had not put in place an action plan to help improve outcomes for patients with diabetes. The practice told

## Are services effective?

us that once a month a specialist diabetes nurse ran a clinic to help diabetic patients improve their health. The practice did not have a practice nurse in post and the lead GP told us this role was not needed in the practice.

- A COPD specialist doctor had worked a monthly clinic at the practice until early 2017; and a nurse specialising in hypertension and chronic kidney disease had been based at the practice under local arrangements until late 2017. These services had now been transferred elsewhere, but the practice was still able to refer patients to it.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.

### Families, children and young people:

- Childhood immunisation uptake rates were in line with the target percentage of 90% or above.
- We were not assured the practice arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation were effective. The lead GP told us in the first instance of a child not attending a booked appointment he would telephone and if this was unsuccessful he would write a letter but did not make a third attempt as some patients return abroad. The lead GP also told us that he didn't attempt contact for all children that failed to attend an appointment.
- We saw evidence of signposting young people towards sexual health clinics. The lead GP told us he was uncomfortable in treating patients under the age of 16 without a parent or guardian being present.
- A comprehensive maternity information pack was made available for pre-natal and post-natal patients. Pre-natal and post-natal checks were offered to patients, however our interview with the lead GP identified that depression screening was not incorporated as part of the post-natal checks for new mothers.
- Patient feedback was positive regarding staff's interaction with children.

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

- The practice informed us that since the previous inspection efforts had been made by the reception staff to contact patients that were eligible for cervical screening. We asked the practice whether its uptake of cervical screening had improved since the last inspection and we were told that performance had remained the same at approximately 44%, which was significantly lower than the national target of 80% and the CCG average of 55%. We made enquiries with staff why there had been no improvement but no clear explanation was given by the practice.
- We reviewed the consultation notes of patients, who had alerts on their notes to inform staff the patients were due for a cervical screening test. We discussed with the practice why notes of recent appointments indicated that staff had not offered the patients opportunistically, the cervical screening test, as part of trying to improve the uptake of cervical screening rates at the practice. However, staff were unable to give us an explanation why they had not offered the test to these patients.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

### People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those that were homebound or had a learning disability.
- The practice told us that homeless people were allowed to register, using the practice address as their home address.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- Double appointments were given to patients with vulnerabilities, such as patients with a mental health illness or a learning disability.

# Are services effective?

## People experiencing poor mental health (including people with dementia):

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- The practice offered annual health checks to patients with a learning disability.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis. However there was no system in place to monitor and follow-up patients with poor mental health who fail to attend or fail to collect their medicines, including for patients with dementia.

## Monitoring care and treatment

The practice participated in the Quality Outcome Framework (QOF), a system intended to improve the quality of general practice and reward good practice.

- The most recently published QOF results were those for 2016/2017, which showed the practice achieved 76.1% of the total number of points available, being 19.8% below the CCG average and 19.9% below the national average.
- The overall exception reporting rate was low at 4.7%, being 2.2% below the CCG average and 5.3% below the national average. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.
- There had been six clinical audits that had been carried out in the past 24 months, including one second-cycle audit (please see evidence table for further details).

## Effective staffing

Not all staff had the skills, knowledge and experience to carry out their roles.

- Clinical staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The reception staff had not received training in information governance and were unable to explain what the key principles of information governance were.
- The reception staff had not received sepsis training and were unable to demonstrate an understanding of what sepsis was or how to identify a deteriorating patient.
- The practice was unable to provide us with certificates to confirm that both clinical and non-clinical staff had completed the appropriate level of safeguarding children training in accordance with their roles.

## Coordinating care and treatment

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

- We saw records that showed that appropriate staff, including those at other services, were involved in assessing, planning and delivering care and treatment. The practice shared the premises with the Camden Psychotherapy Unit, allowing for easy liaison. The lead GP participated in regular multi-disciplinary team meetings, sharing information with other healthcare professionals involved in patients' care.
- Patients received coordinated and person-centred care. This included when they moved between services; when they were referred to, or after they were discharged from, hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

## Helping patients to live healthier lives

Staff worked to help patients live healthier lives.

## Are services effective?

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients at risk of developing a long-term condition and carers.
- The practice told us that playing table tennis is thought to improve hand-eye co-ordination, and mental agility. A table tennis club had been set up at the surgery for the over 50's, once a month, and was well attended.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.
- Clinicians had understanding of some of the requirements of legislation and guidance when considering consent and decision making. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The Gillick competency and Fraser guidelines help people who work with children to balance the need to listen to children's wishes with the responsibility to keep them safe. The lead GP was unable to demonstrate a good understanding of these guidelines. The lead GP told us that he was not comfortable in advising and prescribing contraceptives for females under the age of 16, without a parent or guardian being present.

### Consent to care and treatment

The practice, in some situations, was unable to demonstrate that it obtained consent to care and treatment in line with legislation and guidance.

**Please refer to the evidence tables for further information.**

# Are services caring?

**We rated the practice, and all of the population groups, as good for providing caring services .**

## **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- We received 13 patient Care Quality Commission comment cards, all of which were positive about the service. Patients told us that staff were kind, helpful and caring and they are treated with dignity and respect.
- Feedback from patient interviews was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion.

## **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 that they are given.)

- At our previous inspection we recommended that the practice should obtain accessible information, such as information in languages other than English and large

print and easy read forms, from their CCG. We saw evidence at this inspection that the practice had obtained information about the services at the practice in Bengali, however, the practice had not obtained any large print and easy read forms and were unable to explain why they had not progressed this matter.

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and signposted them to the local carers support group. Carers registered with the practice were offered an annual flu vaccination.
- The practice's National GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

## **Privacy and dignity**

The practice 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.

**Please refer to the evidence tables for further information.**

# Are services responsive to people's needs?

**We rated the practice and all of the population groups as good for providing responsive services, except for 'Working Age People' which we rated as requires improvement.**

## Responding to and meeting people's needs

The practice organised and delivered services to meet most patients' needs and preferences.

- The practice understood most of the needs of its population and tailored services in response to those needs. For example, extended opening hours were operated and online services such as repeat prescription requests and booking of appointments were available.
- There were limited opportunities for patients to access a female clinician for their appointments. The practice did not employ a practice nurse. A female locum doctor attended the practice one day a month who carried out cervical screening tests for patients and a specialist diabetic nurse attended the practice one day a month to carry out reviews for patients with diabetes.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. Since the previous inspection a hearing loop had been installed and we were told it had been used several times.
- Healthcare information leaflets were available in different languages.
- For patients whose first language was not English, the practice accessed interpreters and used Language Line. However, we observed that the interpreting service was not advertised within the practice to inform patients this service was available to them.
- One of the receptionists was bilingual and could speak both English and Portuguese.
- A WiFi system was available for patients to use in the waiting area.
- The practice provided effective care coordination for patients who were vulnerable or who have complex needs. They supported them to access services both within and outside the practice. For example, longer appointments and home visits were offered.

- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

## Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs. The GP also accommodated home visits for those who had difficulties getting to the practice.

## People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- A specialist diabetic nurse ran a monthly clinic at the practice.

## Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances.

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

- There were limited opportunities for patients to access a female clinician for their appointments.
- The practice had adjusted the services it offered to ensure these were accessible, and operated extended opening hours on Wednesday evenings.
- Telephone GP consultations were available every morning between 11.30am and noon, which supported patients who were unable to attend the practice during normal working hours.



# Are services responsive to people's needs?

- The practice encouraged patients to register for online access to book appointments and request repeat prescriptions.

## People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homebound patients and those with a learning disability.
- People in vulnerable circumstances were able to register with the practice, including those with no fixed abode.
- Double appointments could be booked for patient with learning disabilities or for those needing an interpreter.

## People experiencing poor mental health (including people with dementia):

- Staff interviewed understood how to support patients with mental health needs and those patients living with dementia.
- Patients were appropriately referred to local mental health services such as the Camden Mental Health Team and the Psychotherapy Unit located in the same building as the practice.

## Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable 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.
- There was a walk-in session each morning and the afternoon appointment system was easy to use. There was online access to book appointments.
- Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was above local and national averages.

## Listening and learning from concerns and complaints

There was limited evidence to demonstrate the practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information was available about how to make a complaint or raise concerns and the practice encouraged patients to raise any concerns directly.
- The complaints policy and procedures were in line with recognised guidance.
- There was no evidence of any verbal complaints recorded in the last 12 months and there was no evidence of any formal complaints since 2015. Action taken in response to complaints received in 2014/15 were recorded in the practice computer shared drive.
- We found the practice did not consistently respond to complaints made through NHS Choices.

**Please refer to the evidence tables for further information.**

# Are services well-led?

At our previous inspection on 15 January 2018, we rated the practice as Requires Improvement for well-led services as we found that the overarching governance framework was not implemented well enough to ensure patients were kept safe. For example, there was insufficient systems in place for monitoring patients' two-week referrals; for conducting records searches when drugs alerts were received; to monitor uncollected prescriptions; and the monitoring and recording of emergency equipment and medicines. These issues were in breach of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As a result, we said the provider must make improvements in these areas and as served with a Requirement Notice to establish and operate effectively, systems and processes to address these areas.

At this inspection we rated the practice as inadequate for providing well-led services. We were not assured the lead GP recognised his responsibility and took appropriate ownership, for providing effective, high quality care and had the systems and processes in place to assure himself this is being delivered.

In addition, whilst some improvements had been made, we were not assured that the provider had appropriately addressed the Requirement Notice in relation to the monitoring and recording of emergency equipment and emergency medicines and the monitoring of uncollected prescriptions.

We also identified additional concerns which put patients at risk:

- Comprehensive care records were not maintained for patients prescribed high-risk medicine.
- A policy on significant event reporting was not in place.
- There was no evidence that all staff had carried out up to date training in child safeguarding, information governance and sepsis management.
- There was no system or policy in place for the monitoring and security of prescriptions pads and computer prescription paper, both on delivery and when they were distributed through the practice.
- There was no system or policy in place which ensured that any unused medicines handed in to the practice by patients were safely destroyed or disposed of as recommended by national clinical guidance.

- There was no system or policy in place which ensured that all children who did not attend their appointment following referral to secondary care or for immunisations were appropriately monitored and followed up.

## Leadership capacity and capability

The delivery of high-quality care was not assured by the leadership, governance or culture at the practice. In addition to failure to adequately address areas where we said the practice must make improvements at our previous inspection, the practice had not appropriately addressed all of the areas we said it should make improvements.

- Accessible information for patients about services such as large print and easy read forms had not been acquired and made available to them.
- Sufficient action had not been taken to improve the practice's QOF results for improving the outcomes of patients with long term health conditions, particularly diabetes; and to increase the uptake of cervical screening tests.
- However, staff told us that the lead GP was visible, approachable and worked closely with staff.

## Vision and strategy

- At our previous inspection in January 2018 we found the practice had a clear vision to deliver high quality care and promote good outcomes for patients. However, at our latest inspection, we observed the supporting strategy and business plan were informal and not articulated in any written documentation.
- Staff informed us that their mission was to provide personal care in an accessible manner. However, there was no documented strategy to deliver high quality care.

## Culture

Although we were told at our previous inspection there was a culture to deliver quality sustainable care, we found at our latest inspection the capacity to prioritise quality improvement was limited, and the practice had not demonstrated a good track record in terms of implementing and maintaining improvement.

- Staff nevertheless stated they felt respected, supported and valued. They were proud to work in the practice.



# Are services well-led?

- There were positive relationships between staff and the lead GP.
- Staff had received equality and diversity training. Staff felt they were treated equally.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- However, reception staff had not received training in information governance, or the identification of symptoms associated with sepsis; and we were not assured staff had received the appropriate level of child safeguarding training as the practice was unable to provide certificates to confirm this. We discussed staff training and development with the lead GP including why receptionists were unaware of symptoms associated with sepsis or a deteriorating patient and how to respond appropriately to these. The lead GP told us this was because the receptionists are not clinical staff.

## Governance arrangements

There were some responsibilities, roles and systems of accountability to support good governance and management. However, the overall governance and management structures, were ineffective.

- In response to our previous inspection, there was now an effective system for monitoring patients' two-week referrals and for conducting records searches when drugs alerts were received. However, we found the systems developed to monitor patients' uncollected prescriptions and the monitoring and recording of emergency equipment and medicine, were not effective.
- There was no policy in place in relation to reporting significant events and sepsis management. Non-clinical staff that we spoke with were unable to provide an adequate understanding of any of these areas.
- There was no system in place to effectively monitor prescriptions pads and computer prescription paper both on delivery and when they were distributed through the practice

## Managing risks, issues and performance

The practice did not have clear and effective systems in place for managing risks, issues and performance or prioritising quality improvement. We found that the practice had not acted upon some of the findings of our previous inspection and new concerns had been found.

- The lead GP failed to acknowledge the risks associated with the out of date emergency oxygen cylinder and informed us that the oxygen was still useable.
- Our review of the prescriptions box found prescriptions for six patients of which prescriptions for four patients were overdue for collection from 2017.
- During our review of emergency medicines we found a box of high-risk controlled drugs, which a patient had returned to the practice had not been safely destroyed or disposed of as recommended by national clinical guidance. On the day of the inspection, the lead GP was unable to explain why these drugs had remained on site since being received and why they had not been disposed of. After the inspection, we were told that the drugs were going to be taken to the local pharmacy for destruction.
- The lead GP was aware of the continued poor performance in diabetic care and cervical cancer screening, but was unable to provide an adequate explanation for this or present an action plan for improvement.
- The lead GP had plans in place and had trained staff for major incidents.

## Appropriate and accurate information

The practice did not always act on appropriate and accurate information.

- Patient consultation records for patients prescribed high-risk anticoagulant medicine, were incomplete and the provider failed to acknowledge the associated risk of not documenting the patient's blood test results within their consultation records prior to prescribing.
- There were formal monthly staff meetings and the practice worked closely with a large nearby practice, attending weekly clinical meetings, to keep apprised of, and to discuss, general healthcare and local issues.

## Engagement with patients, the public, staff and external partners

## Are services well-led?

The practice had involvement with patients, the public, staff and external partners to support high-quality sustainable services.

- There was a suggestions box in the waiting area and the practice operated a social media page to keep patients informed of issues relating to the service and to allow them to give feedback. The social media page had been used to inform patients of late surgeries on Wednesdays, the availability of flu immunisations and that a female locum GP was working at the practice.
- The practice had displayed their CQC rating in the reception area and on their website.

- Performance information was made available to the local clinical commissioning group (CCG) in relation to, for example, medicines management.

### **Continuous improvement and innovation**

There was little evidence of systems and processes for learning, continuous improvement and innovation. Some processes that had been introduced since our previous inspections had not been implemented adequately to bring about improvements.

**Please refer to the evidence tables for further information.**

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Maternity and midwifery services	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Surgical procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance

**There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.**

**In particular we found:**

- There was no documented business plan and strategy to support the practice's aim to deliver high quality care and promote good outcomes for patients.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively, in particular in relation to the management of emergency equipment and medicines, medicines management as a whole and staff training.
- The provider did not have a policy for significant events and incident reporting to enable staff to report, record and learn from significant events and incidents effectively.
- The follow up system to improve quality outcomes for patients was ineffective, in particular for cervical cancer screening and those patients with diabetes.
- The provider did not have a system or policy in place which ensured that all children who did not attend their appointment following referral to secondary care or for immunisations were appropriately monitored and followed up.
- The provider did not have a system or policy in place for monitoring and following up patients with poor mental health. For example those who failed to attend an appointment or failed to collect their medicines.

**This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>The provider had failed to ensure the proper and safe management of medicines;</b></p> <ul style="list-style-type: none"><li>• The provider did not have an effective system in place for the monitoring of uncollected prescriptions.</li><li>• The provider did not have effective arrangements in place for the monitoring and security of prescriptions pads and computer prescription paper, both on delivery and when they were distributed through the practice.</li><li>• The provider did not have effective arrangements in place to ensure that any unused medicines handed in to the practice by patients were safely destroyed or disposed of as recommended by national clinical guidance.</li><li>• The provider did not have an effective system in place for the monitoring and recording of the availability of emergency equipment and medicine.</li><li>• Comprehensive care records were not maintained for patients that were administered high-risk anticoagulant medicine.</li></ul> <p><b>The provider had failed to ensure that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely:</b></p> <ul style="list-style-type: none"><li>• The provider could not demonstrate both clinical and non-clinical staff had completed the appropriate level of safeguarding children training for their roles.</li><li>• The provider had not ensured that all non-clinical staff were trained in identifying deteriorating or acutely unwell patient's suffering from potential illnesses such as sepsis.</li></ul>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	

This section is primarily information for the provider

## Enforcement actions

The provider had failed to ensure that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way:

- The provider had not completed a documented health and safety/ premises and security risk assessments.

This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.