

# Dr Philip Matthewman

## Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

We carried out an announced comprehensive inspection of the practice on the 17 November 2015. Overall the practice is rated as requires improvement.

Our key findings across all the areas we inspected were as follows -

- Patients' needs were assessed and care was delivered in line with current evidence based guidance. The provider had the skills, knowledge and experience to deliver effective care and treatment.

- Patients were very positive in their comments about the service. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available.
- Patients said they found it easy to make an appointment, with urgent access available the same day at the walk in clinic.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Staff felt well supported. The practice sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

However, there are areas where improvement is required

# Summary of findings

- Staff generally understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, we found evidence of incidents relating to safe medicines management that had not been brought to the GP's attention.
- There was no evidence to show that the practice's infection control policy had been reviewed this year.
- There was no full assessment of the risks associated with there being no defibrillator on the premises for use in medical emergencies.
- Data showed patient outcomes were low for the locality. This related to the care of patients with diabetes and hypertension (high blood pressure), cervical screening and flu vaccinations for over-65s and at-risk patients. Although the practice had made noticeable improvement over the last year, work should continue to sustain the improvement.
- Records of staff training and annual appraisals were not well kept and were difficult to assess.
- The practice had a number of protocols and procedures to govern how the services were provided, but very few could be seen as having been reviewed recently and updated as appropriate.
- Although we were told that there were regular practice meetings, they were not sufficiently recorded.
- There was no active patient participation group.

The areas where the provider must make improvements are:

- Review and update as necessary the medicines management policy and ensure that staff know of the appropriate action to take in the event of medicines fridge temperatures being outside the appropriate range.

In addition the provider should –

- Review and update as necessary the infection control policy.
- Carry out a full assessment of the risks associated with there being no defibrillator on the premises for use in medical emergencies.
- Continue to work on sustaining and improving and outcomes for patients with diabetes and hypertension, and increase the uptake of cervical screening and flu vaccinations for over-65s and at-risk patients.
- Review staff training and appraisal records so that training needs can be easily identified and training be provided. Ensure that staff appraisal meetings are fully recorded.
- Review and update as necessary the practice governance protocols, ensuring these are tailored to suit the practice needs and that staff are made aware of any changes.
- Arrange more regular practice meetings and ensure that they are fully recorded.
- Proceed with efforts to set up a patient participation group to increase patients' involvement in discussions and decisions relating to service provision.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services, as there are areas where improvements should be made.

- Lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- There was a system in place for reporting and recording significant events, but we identified an incident that had gone unreported.

**Requires improvement**



### Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- Although the practice had made some improvement over the last year, data showed some patient outcomes were below average for the locality. This related to the care of patients with diabetes and hypertension (high blood pressure), cervical screening and flu vaccinations.
- The practice assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- The provider had the skills, knowledge and experience to deliver effective care and treatment.
- Evidence of staff appraisals and training needs were not well maintained and were difficult to assess.

**Requires improvement**



### Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

**Good**



# Summary of findings

- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients said they found it easy to make an appointment and could be seen the same day at the walk in clinic.
- Home visits and telephone consultations were available.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients could get information about how to complain in a format they could understand.

**Good**



## Are services well-led?

The practice is rated as requires improvement for being well-led, as there were areas where improvements should be made.

- Staff felt well supported and valued and told us were happy in their work.
- The practice had a number of written protocols policies and procedures to govern service activity, but there was evidence that only a few had recently been reviewed and updated.
- We were told that there were regular practice meetings, but these were not well-recorded.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The provider encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- The practice sought feedback from staff and patients, but there was not an active patient participation group.

**Requires improvement**



# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The practice is rated as requires improvement in the key questions of safe, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group, older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice kept a register of 35 patients at high risk of hospital admission, all of whose care plans had been reviewed.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was lower than the CCG and national averages.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement in the key questions of safe, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group, people with long-term conditions.

- Data showed that outcomes for patients with diabetes and hypertension (high blood pressure) had improved over the past year, since a specialist nurse had started working at the practice. However, the improvement needs to be sustained.
- Forty-two (82%) of the 52 patients on the diabetes register had received an annual foot check and 38 (73%) had received an eye (retinal) check so far this year.
- Structured annual medicines reviews had been carried out in the last 12 months for 194 of the 195 patients prescribed more than four medicines.
- All nine of the patients on the heart failure register had received an annual medicines review.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

**Requires improvement**



# Summary of findings

- The uptake rate of seasonal flu vaccinations for at-risk patients was lower than local and national averages.

## Families, children and young people

The practice is rated as requires improvement in the key questions of safe, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group, families, children and young people.

- Immunisation rates for the standard childhood immunisations were higher than local and national averages.
- Patients' comments confirmed that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice's uptake for the cervical screening programme was 50%, which was below the national average of 82%.

Requires improvement



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

The practice is rated as requires improvement in the key questions of safe, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group, working-age people (including those recently retired and students).

- The practice provided health checks for new patients and NHS health checks for people aged 40–74. Data showed that 438 (78%) of the 558 eligible patients had had their blood pressure checked in the past five years.
- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible.
- The practice offered online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Requires improvement



## People whose circumstances may make them vulnerable

The practice is rated as requires improvement in the key questions of safe, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group, people whose circumstances may make them vulnerable.

Requires improvement



# Summary of findings

- The practice held a register of five patients living in vulnerable circumstances those with a learning disability. All had had an annual follow up in the past 12 months and had their care plans reviewed.
- The practice offered longer appointments for people with a learning disability.
- The provider regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Vulnerable patients were told how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Homeless patients could register using the practice address.

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

The practice is rated as requires improvement in the key questions of safe, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group, people experiencing poor mental health (including people with dementia).

- The practice kept a register of 15 patients experiencing poor mental health. Seven of whom had received an annual health check and care plan review at the time of the inspection.
- All five of the practice patients diagnosed with dementia had had their care plans reviewed at a face-to-face and been offered cognition tests in the past 12 twelve months.
- The provider regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support people with mental health needs and dementia.

**Requires improvement**





# Summary of findings

## What people who use the service say

The latest national GP patient survey results were published in July 2015, covering the period July - September 2014 and January - March 2015. The results showed the practice was performing better than local and national averages. Four hundred and twenty-six survey forms were distributed and 70 (16%) were returned.

- 99% found it easy to get through to this surgery by phone compared to a CCG average of 75% and a national average of 73%.
- 95% found the receptionists at this surgery helpful (CCG average 84%, national average 87%).
- 91% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 100% said the last appointment they got was convenient (CCG average 86%, national average 92%).

- 92% described their experience of making an appointment as good (CCG average 68%, national average 73%).
- 71% usually waited 15 minutes or less after their appointment time to be seen (CCG average 62%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were all positive about the standard of care received. Patients said the practice was excellent, that it was easy to see the doctor and that they were treated with dignity and respect.

We spoke with three patients during the inspection, who said that they were happy with the care they received and thought that staff were approachable, committed and caring.

## Areas for improvement

### Action the service **MUST** take to improve

- Review and update as necessary the medicines management policy and ensure that staff know of the appropriate action to take in the event of medicines fridge temperatures being outside the appropriate range.

### Action the service **SHOULD** take to improve

- Review and update as necessary the infection control policy.
- Proceed with efforts to set up a patient participation group to increase patients' involvement in discussions and decisions relating to service provision.
- Arrange more regular practice meetings and ensure that they are fully recorded.

- Review and update as necessary the practice governance protocols, ensuring these are tailored to suit the practice needs and that staff are made aware of any changes.
- Review staff training and appraisal records so that training needs can be easily identified and training be provided. Ensure that staff appraisal meetings are fully recorded.
- Continue to work on sustaining and improving and outcomes for patients with diabetes and hypertension, and increase the uptake of cervical screening and flu vaccinations for over-65s and at-risk patients.
- Carry out a full assessment of the risks associated with there being no defibrillator on the premises for use in medical emergencies.

# Dr Philip Matthewman

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a second CQC inspector, and a practice manager specialist advisor.

- Wednesday 4.00pm to 7.30pm (consultations by appointment between 5.00pm and 7.30pm)
- Friday 4.00pm to 6.30pm (consultations by appointment between 4.30pm and 6.30pm).
- The practice does not open on Thursday afternoon.

The practice has opted out of providing an out-of-hours service. Patients contacting the practice when it is closed are referred to the local out-of-hours provider.

The practice is registered with the CQC to provide the regulated activities Diagnostic and screening procedures, Maternity and midwifery services, Treatment of disease, disorder or injury. It is a teaching practice, with students from a nearby NHS Trust hospital occasionally attending to gain experience. None were present at the time of the inspection. Patients are informed and may state their preference of whether or not students participate in their consultation with the GP or locum.

The patient profile for the practice indicates a high population of younger adults of student and working age patients, with fewer of families with children and older people than CCG and national averages.

### Why we carried out this inspection

We inspected the practice as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

## Background to Dr Philip Matthewman

Dr Philip Matthewman ("the GP") operates his practice from 87-89 Prince of Wales Road, London NW5 3NT. He is a sole practitioner. Practice staff is made up of two administrator / receptionists. A nurse, employed by another provider, runs a monthly diabetes clinic at the practice. Occasional use of locum GPs is made to cover the GP's absence.

The practice provides NHS primary medical services through a General Medical Services contract to approximately 1,800 patients. The practice is part of the NHS Camden Commissioning Group (CCG) which is made up of 40 general practices.

The practice's opening hours are 9.00am to 12.00 noon, Monday to Friday, with a walk in clinic, without need of appointment, running between 9.00am and 11.30am. Between 11.30am and 12.00 noon each morning patients may call for a telephone consultation with the GP or locum.

Afternoon hours are -

- Monday, 3.00pm to 5.00pm (with consultations by appointment between 3.00pm and 5.00pm);
- Tuesday, 3.00pm to 5.30pm (consultations by appointment between 3.00pm and 5.00pm);

# Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The practice had not been inspected previously.

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 November 2015. During our visit we:

- Spoke with the GP and the two members of staff.
- We spoke with three patients who used the service.
- Observed how people were being cared for.
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would inform the GP of any incidents and there was a recording form available for them to use. However, we found that on six occasions, when the temperature of one of the vaccines fridges had been noted by staff as being 1 degree centigrade below the recommended range, the incidents had not been reported to the GP nor recorded as significant events.

We reviewed safety records including eight significant events during the past 12 months. Lessons were shared to make sure action was taken to improve safety in the practice. For example, when a patient's pathology test results had been returned to the practice, they had not been flagged as "abnormal" due to a technical issue. Administrative staff had accordingly filed the results without bringing the matter to the GP's attention. When the patient attended the practice at a later date the GP identified the error. The procedure for dealing with test results was changed to ensure that no test results were filed without first being reviewed by the GP or a locum, in his absence.

The GP told us that the practice had in the past insisted on receiving test results by letter. However, over the past year laboratories have made more use of email. We noted that the practice had no written procedure for receiving and processing electronic results and discussed this with the GP. Shortly after the inspection the GP sent us an appropriate procedure he had developed.

Staff told us that significant events were discussed at practice meetings, and were able to tell us some examples. We saw a note of a practice meeting in September 2015 when three significant events were discussed by the GP and the administrative staff, but this was not detailed.

When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patients' welfare. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The GP was trained to Safeguarding level 3. Administrative staff demonstrated they understood their responsibilities. They had received training within the practice relevant to their role, and knew how to go about reporting concerns. There were records to confirm that only one of the administrative staff had received formal training in child protection. However, we saw that the two administrative staff were attending training run by the Camden CCG the day following our inspection. All statutory training requirements were to be covered, including safeguarding, together with chaperone training, infection control and maintaining a healthy and safe environment.
- Notices advised patients that staff would act as chaperones, if required. Staff had not been trained in chaperoning, but we saw evidence that training was to be provided the day after our inspection. Staff had undergone a Disclosure and Barring Service check (DBS check). (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. Patients said in comments cards that the premises were clean and hygienic. Cleaning was done in accordance with planned schedules and logs were maintained. We observed the premises to be clean and tidy. Disinfectant gels were available and consulting rooms had supplies of soap and paper towels. The practice had disposable curtains in the consulting rooms, which had a note of the date when they were put up. The practice liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place, but we noted it was dated July 2014
- The practice had a policy for managing medicines, including emergency drugs and vaccinations. This included prescribing, recording, handling, storing and

# Are services safe?

security. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. No controlled drugs were kept at the premises. We checked that staff monitored and recorded the temperatures of the vaccines fridges. We noted six instances when the temperature one of them was recorded as being 1 degree centigrade below the recommended range of 2-8°C. There was no record of any action taken as a consequence and staff we spoke with were unsure of what steps to take when the temperature range was exceeded. We discussed the matter with the GP, who was not aware of it. A new fridge had been obtained following the infection control audit in July 2014. The fridge had an integrated thermometer, but the practice was also using a separate probe thermometer to measure temperature. The GP mentioned a possible discrepancy depending on where the probe was placed, for instance near the back of the fridge close by the cooling element. Nonetheless, staff were not aware of the procedure to follow when a reading outside the range was made. The GP agreed to review the practice medicines management policy and provide staff with appropriate guidance. After the inspection, the GP confirmed that he had reviewed the appropriate Department of Health guidance and then contacted the vaccines manufacturers. He was informed that the vaccines were unlikely to have been affected, but decided to dispose of them. The fridge had been annually inspected and serviced in October 2015 and the GP was contacting the engineer to ascertain why the problem had not been detected during the service inspection. The GP confirmed that staff responsible for checking the fridge temperatures had been given further training to ensure that any discrepancies in temperature readings be brought to his attention in future.

- We reviewed two personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, and the appropriate checks through the Disclosure and Barring Service.

## Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. A fire risk assessment had been undertaken in January 2015 and its recommendations had been actioned. The practice operated from the ground floor of a three-storey building. The upper stories were vacant disused and access to them was prevented. The wiring for the upper part had been isolated from the ground floor supply and certified in May 2015. Emergency lighting had been replaced as part of a general refurbishment in early 2015. We saw that the practice carried out fire drills and fire fighting equipment had been inspected at the time of the risk assessment in January 2015. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked and calibrated to ensure it was working properly. The premises gas supply and fittings had been checked and certified in July 2015. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.

## Arrangements to deal with emergencies and major incidents

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

- We saw evidence that staff had received basic life support training.
- The practice did not have a defibrillator available on the premises. A defibrillator is used to attempt to restart a person's heart in an emergency. We discussed this with the GP who confirmed he had considered obtaining one, but had concluded that appropriate emergency treatment could be provided quickly by ambulance staff from the local station, which was situated 300 metres away. The provider had not made a written risk assessment at the time of our visit. The GP sent us written views on the matter soon afterwards. However, we do not consider that the all the risks involved with not having a defibrillator have been taken account of or been fully assessed. The practice had an oxygen supply with adult and children's masks. There was also a first aid kit and accident book available.

## Are services safe?

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a business continuity plan in place for major incidents such as power failure or building

damage. The plan included emergency contact numbers for staff. There was agreement for the service to continue to be provided from other GP practices nearby.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

Before the inspection, we looked at information about the practice collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results relating to 2014/15 were 65.1% of the total number of points available, with 6.3% exception reporting. The data showed –

- Performance for diabetes related indicators was 55.8%, being 33.5% below the CCG average and 33.4% below the national average.
- Performance for hypertension related indicators was 73.1%, being 24.4% below the CCG average and 24.7% below the national average.
- Performance for mental health related indicators was 80.8%, being 9.1% below the CCG average and 12% below the national average.
- Performance for dementia related indicators was 100%, being 3% above the CCG and 5.5% above the national average.

We discussed the figures with the GP. He told us that being a sole practitioner, without the assistance of a practice manager, processing QOF data was not a priority and it was not regularly inputted. The GP said that the financial rewards from the QOF scheme were minimal and it was not an obligation under the General Medical Service contract to

participate in the scheme. The practice had engaged the services of a nurse specialising in diabetes care who ran a clinic once a month. The GP informed us that the management of health care for patients with diabetes had improved since, as had data input for the QOF figures. We asked the practice for data from 2015/16 to confirm this and were provided with the following –

- Forty-two (82%) of the 52 patients on the diabetes register had received an annual foot check and 38 (73%) had received an eye (retinal) check so far this year. This compared to 23% in 2014/15, when data was not regularly inputted.
- Fifty per cent of patients on the diabetes register whose blood glucose levels had been monitored were found to have acceptable glucose levels in the previous 12 months. This compared with the national average of 78%. The practice figure at the time of the inspection had increased to 71% of patients on the practice diabetes register.
- In the previous 12 months, 5% of patients (compared with 85% nationally) had undergone an albumin creatinine ratio test. This is a test for identifying the early stages of kidney disease, which diabetes patients are at greater risk of developing. At the time of the inspection, the practice figure had increased to 59%.
- In the previous 12 months, 39% of patients on the diabetes register (compared with 78% nationally) had an acceptable blood pressure reading. At the time of the inspection, the practice figure had increased to 73%.
- In the previous 12 months, 46% of patients on the diabetes register (compared with 81% nationally) had acceptably low cholesterol readings. At the time of the inspection the practice figure had increased to 60%.
- In the previous 12 months, 50% of practice patients with hypertension (high blood pressure) had an acceptably low blood pressure reading. This compared with 83% nationally. At the time of the inspection the practice figure had increased to 66%.

Clinical audits demonstrated quality improvement.

- We saw three clinical audits conducted in the last two years. Two of these were completed audits where the improvements made were implemented and monitored.



# Are services effective?

## (for example, treatment is effective)

- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result of completed audits included reducing the number of patients using Benzodiazepines (a medicine prescribed for anxiety and sleeping problems). The GP continued to counsel patients opportunistically on reducing the use of the medicine, offered a referral to a prescription reduction clinic and advised patients to use the medicine only occasionally, not as a daily habit. We noted that another audit, relating to monitoring patients' Vitamin D levels, was shared by the GP with a local practice with which he works closely.

### Effective staffing

The GP is a sole practitioner, who has worked without a practice nurse for three years. A nurse, specialising in diabetes care, ran a clinic at the practice once a month. The GP employed two administrative / reception staff. Locum GPs are used to cover the GP's occasional absences.

Staff described the induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Staff had access to e-learning training modules and in-house training provided by the GP and generally had appropriate training to meet to cover the scope of their work. However, few records relating to training needs were maintained. For example, we saw no training certificates, and personal development plans were not used, making it difficult to monitor training needs. We were told that much of the staff training was provided by the GP. We were told that their learning needs were identified through a system of annual appraisals, meetings and reviews of practice development needs. We saw that the administrative staff had had appraisals in September 2015. However, we did not see detailed records of the appraisal meetings in the staff files.

We saw records that showed staff had received training provided by the Camden CCG that included Basic Life Support and CPR (cardiopulmonary resuscitation), repeat and electronic prescribing. They had attended receptionist duties training at a nearby practice with which the GP had a working arrangement. The staff were due to attend further

refresher training provided by the CCG the day after our inspection. We saw that this was to cover all statutory training requirements, together with chaperone training, infection control and maintaining a healthy and safe environment.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and its intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a quarterly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

The provider sought patients' consent to care and treatment in line with legislation and guidance.

- Relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005, was understood.
- When providing care and treatment for children and young people, assessments of capacity to consent were carried out in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the patient's capacity was assessed and, where appropriate, recorded the outcome of the assessment.



# Are services effective?

## (for example, treatment is effective)

- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

### Health promotion and prevention

The practice identified patients who may be in need of extra support. These included 35 patients at high risk of hospital admission, whose care plans had been reviewed, and those patients who have had a cancer diagnosis. At the time of the inspection there were no patients on the palliative care register.

The practice had carried out structured annual medicines reviews in respect of 194 of the 195 patients prescribed more than four medicines in the past 12 months. All nine of the patients on the heart failure register had received an annual medicines review. There were five patients on the learning difficulties register. All had had an annual follow up in the past 12 months and had their care plans reviewed. The practice kept a register of patients experiencing poor mental health. At the time of the inspection, seven of the 15 registered patients had received an annual health check and care plan review. The GP told us that the remaining eight would be seen before April 2016. All five of the practice patients diagnosed with dementia had had their care plans reviewed at a face-to-face and been offered cognition tests in the past 12 months.

The practice was not contracted to provide the local enhanced smoking advice service, but data showed that it had given smoking cessation advice to 176 patients out of 437 recorded smokers on the list. Information on smoking cessation and details of a local clinic were available on the practice website.

The practice's uptake for the cervical screening programme was 50% which was below the national average of 82%. We discussed this with the GP, whose opinion was that this was due in part to some patients being reluctant to have a male doctor perform the tests. The tests had previously been done by the practice nurse, when one was employed. We saw that the practice website gave information about the cervical screening programme and informed patients that they could have the test carried out by appointment by the

(female) nurse, who attended monthly. The website also gave details of local clinics where the tests could be done. The GP told us that when tests were performed elsewhere the practice was not often notified of it, as patients might not give the practice details to the clinics. The GP said that many patients were foreign nationals who would have their tests done abroad, with no record being passed back to the practice. The GP also said that the practice patient list of approximately 1,800 had a high turnover, close to 25%, which made monitoring less easy. The practice encouraged its patients to attend national screening programmes for breast cancer screening, with information on its website.

The practice offered flu vaccinations for patients aged over 65 and for those considered to be at greater risk due to pre-existing medical conditions. The vaccination rate for the over 65s was 48%, and for at-risk groups 31%, which were below national averages. We discussed this with the GP who said that many patients refused a vaccination when offered it. Further, that the low rate of uptake was possibly due to patients now being able to get vaccinations elsewhere, such as high street chemists, and that the practice was not routinely notified of the vaccinations being given. We saw that the vaccination service was highlighted on the practice website and its Facebook page. The GP told us that the vaccinations were offered opportunistically, when patients attended for other health reasons. The practice actively encouraged patients who were school teachers to have vaccinations and it carried out a "mopping up" exercise each January, to encourage further up take among over-65s and at-risk patients.

The rate for childhood immunisations was 100% of the eight children on the practice register aged under-5 years. This was better than CCG averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. The practice showed data to confirm that 438 (78%) of the 558 eligible patients had had their blood pressure checked in the past five years. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice accepted homeless patients, who could register using the practice's address.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 19 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Patients we spoke with also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice's satisfaction scores were generally comparable to local and national averages. For example:

- 82% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 88% said the GP gave them enough time (CCG average 80%, national average 87%).
- 90% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 80% said the last GP they spoke to was good at treating them with care and concern (CCG average 80%, national average 85%).

- 95% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%)

### Care planning and involvement in decisions about care and treatment

Patients told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were better than local and national averages. For example -

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 81%)

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

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

Information available in the patient waiting room and on the practice website told patients how to access a number of support groups and organisations.

The practice's computer system alerted staff if a patient was also a carer. The practice had identified six patients on the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the practice contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice operated a walk in clinic each weekday morning, allowing patients to attend without making an appointment.
- Evening appointments were available up to 6.30pm on Friday and 7.30pm on Wednesday for working patients who could not attend during normal opening hours.
- There were longer appointments available for people whose circumstances may make them vulnerable, for example those with a learning disability.
- Home visits and telephone consultations were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.

### Access to the service

The practice's opening hours were 9.00am to 12.00 noon, Monday to Friday, with a walk in clinic, without need of appointment, running between 9.00 and 11.30am. Between 11.30am and 12.00 noon each morning patients could call for a telephone consultation with the GP or locum.

Afternoon hours were -

- Monday, 3.00pm to 5.00pm (with consultations by appointment between 3.00pm and 5.00pm);
- Tuesday, 3.00pm to 5.30pm (consultations by appointment between 3.00pm and 5.00pm);
- Wednesday 4.00pm to 7.30pm (consultations by appointment between 5.00pm and 7.30pm)
- Friday 4.00pm to 6.30pm (consultations by appointment between 4.30pm and 6.30pm).
- The practice did not open on Thursday afternoon.

The practice had opted out of providing an out-of-hours service. Patients contacting the practice when it is closed were referred to the local out-of-hours provider.

Patients could book appointments and request repeat prescriptions online, using the Patient Access link on the practice's entry on the NHS Choices website. Repeat prescriptions could also be requested by using a form accessible on the practice website.

It is a training practice, with students from a nearby NHS Trust hospital occasionally attending to gain experience. None were there at the time of the inspection. Patients were informed and could state their preference of whether or not students participated in their consultation with the GP or locum.

The practice operates from the ground floor of a three-storey building. The premises have suitable access for disabled patients, with one consulting room accessible without steps. There is another consulting room and a counsellor's room down four steps. The premises had disabled facilities and had recently been refurbished and redecorated.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was generally well above local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 75%.
- 99% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).
- 92% patients described their experience of making an appointment as good (CCG average 68%, national average 73%).
- 71% patients said they usually waited 15 minutes or less after their appointment time (CCG average 62%, national average 65%).

The GP showed us the result of a survey carried out by the local Healthwatch service in which the practice had come second of the 36 practices within the CCG for patient experience.

### Listening and learning from concerns and complaints

## Are services responsive to people's needs? (for example, to feedback?)

The practice had a procedure in place for handling complaints and concerns. The procedure was mentioned on the practice website and a leaflet regarding the NHS Complaints Advocacy Service was available to patients in the waiting area. The GP was the designated person to whom complaints should be addressed. The website informed patients that they could contact the Health Service Ombudsman if they were unhappy with how their complaint had been addressed. We discussed the procedure with the GP and after the inspection he sent us his revised procedure, which made reference to patients also being able to refer a complaint to NHS England, once dealt with by the practice.

The GP informed us there had been no formal written complaints made during the previous 12 months, but showed us record of three matters that had been treated as such. One was a verbal complaint, which we saw was concluded appropriately with the practice writing to the patient, who was happy with the outcome and remains on the list.

The practice website had a facility for patients to send in correspondence and comments regarding the service by email.

# Are services well-led?

Requires improvement 

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

## Our findings

### Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a programme of clinical and internal audit which is used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

The practice had a number of protocols and procedures to govern how the services were provided. We saw evidence that these were discussed with staff at practice meetings. The most recent meeting being in September 2015. However, when we inspected the policies and procedures, it was not clear that all had been subject to regular review and updating. Examples included those relating to access to medical records, anaphylaxis, and health and safety were undated; those covering identification of carers, cervical screening and child health surveillance which were dated 2013; the protocols for chronic kidney disease, the infection control manual, scanning patient summaries and smoking cessation were dated July 2014. The only protocols that had evidence of being reviewed in the last 12 months related to business continuity, the cleaning schedule, lone worker policy, pre-employment checks and out-of-hour transfers. We saw no policies relating information governance, confidentiality and whistleblowing.

### Leadership, openness and transparency

The GP had the experience and capability to run the practice and ensure high quality care. The GP was visible in the practice and staff told us that they were approachable and always took the time to listen to them.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gives affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported. Staff were involved in discussions about how to run and develop the practice.

Staff told us there were regular practice meetings. The GP told us the last meeting had been in September 2015 and conceded that meetings should be more regular and recorded more thoroughly. However, he made the point that the practice was a small one and stated that communication with staff was therefore more or less constant. The GP told us that matters were usually dealt with immediately and not generally put up for a formal meeting. Staff we spoke with confirmed this to be the case. But there were occasions when the GP was absent due to leave or sickness, when covering locum GPs would need to see protocols and minutes of meetings when significant events were discussed, together with other records relating to service provision.

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

The practice encouraged feedback from patients, the public and staff. However, there was no formal patient participation group (PPG). We discussed this with the GP, who told us this had been attempted in the past, but little progress had been made, due to a lack of interest. However, he would consider setting up a “virtual” PPG, allowing patients to participate via email in discussions regarding service improvements. The GP told us that the practice had a Facebook page which was used to publicise matters such as the availability of flu vaccinations. The facility could be used by patients to submit comments and suggestions, together with a form on the main practice website.

The practice gathered feedback from staff generally through staff meetings, and appraisals. However, we did

# Are services well-led?

Requires improvement



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

not see records of appraisal meetings to confirm this. Staff told us they would not hesitate to give feedback and discuss any concerns or issues. Staff told us they felt valued, involved and engaged to improve how the practice was run.

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person had not protected service users against the risk associated with a failure to properly and safely manage medicines.</p> <p>The registered person had not protected service users against the risk associated with a failure to assess the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated.</p> <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Regulation 12 (2) (g) and 12 (2) (h)</p>