

Carlton House 7 days access HUB

Inspection report

MHP-Carlton House Surgery
28 Tenniswood Road
Enfield
EN1 3LL
Tel: 02083704919

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

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

How we inspected this service

We carried out an announced inspection at Carlton House 7 Day Access Hub. This was as part of our inspection programme; the service had previously been inspected but not rated. We rated the **service as Good overall**.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some exemptions from regulation by CQC which relate to particular types of regulated activities and services and these are set out in Schedule 1 and Schedule 2 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

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

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

The key questions at this inspection were rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

Our key findings were:

- The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

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

Background to Carlton House 7 days access HUB

Carlton House 7 Day Access Hub is a service run by MEDICUS Health Partners Limited. It provides a GP led pre-booked extended access service for the assessment and treatment of adults and children.

The service is situated at MHP-Carlton House Surgery, 28 Tenniswood Road, Enfield, EN1 3LL. The service is also provided by MEDICUS from another separate location, Eagle House Surgery, which was not inspected at this time.

The pre-bookable extended access service is available to Enfield residents or those who are registered with an Enfield GP. Patients can call between 8am and when their practice closes to directly book an appointment via their own GP practice. Appointments are also offered through the 111 service.

The service is open from late afternoon to 8pm on weekdays and from 8am to 8pm on Saturday and Sunday.

Before the inspection we reviewed pre-inspection information submitted by the provider, requested by the CQC.

During our visit we spoke with the lead GP, Manager and managing partner, reviewed personal care records of patients and also reviewed staff records. No patients were available to speak to on the day of inspection.

The provider is registered with the CQC to carry out the regulated activities of diagnostic and screening procedures; and the treatment of disease, disorder or injury.

Are services safe?

We rated safe as Good.

Safety systems and processes

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

- The provider conducted safety risk assessments. It had safety policies, including Control of Substances Hazardous to Health and Health & Safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the provider as part of their induction and refresher training. All electronic equipment had an up to date portable appliance test carried out, and all clinical equipment had recently been calibrated. The practice had carried out a legionella risk assessment and was able to evidence that actions recommended by the report were being regularly carried out, which included water temperature logging. The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were adequate systems for safely managing healthcare waste.
- The service had systems in place to assure that an adult accompanying a child had parental authority.
- The service had systems to safeguard children and vulnerable adults from abuse.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. The doctors and nursing staff had conducted level 3 safeguarding training and receptionist level 1. All staff interviewed knew how to identify and report concerns.
- All staff were trained in basic life support and first aid. Staff we interviewed were able to adequately explain what they would do in the case of an emergency.
- Staff who acted as chaperones were appropriately trained for the role.
- The practice was visibly clean and hygienic, there was an effective system to manage infection prevention and control, the policy and procedures had been enhanced and updated to reflect the ongoing COVID-19 pandemic.

Risks to patients

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

- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.
- When there were changes to services, these were assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place
- There were suitable medicines and equipment to deal with medical emergencies which were stored appropriately and checked regularly.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.

Are services safe?

- The service had systems for sharing information with patients regular GPs and other agencies to enable them to deliver safe care and treatment.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.

Safe and appropriate use of medicines

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

- The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The service did prescribe Schedule 2 and 3 controlled drugs (medicines that have the highest level of control due to their risk of misuse and dependence), if previously prescribed by their regular GP.

Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines.

Track record on safety and incidents

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- The practice had recorded one significant event in the last 12 months, where an out of area patient had mistakenly been registered to be seen at the practice and the issues caused when discharging the patient back to their GP. We were satisfied there was an effective system for recording and acting on significant events. All significant events were entered onto the MEDICUS internal governance and risk management reporting tool. Staff fully understood their duty to raise concerns and report incidents and near misses.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff. For example we saw a 2022 alert from the Medicines and Healthcare products Regulatory Agency (MHRA) regarding risks relating to low birth rates if Depo-Medrone and Lidocaine suspension for injection was used during pregnancy. We saw this alert was recorded and reviewed by the clinicians.

Are services effective?

We rated effective as Good.

Effective needs assessment, care and treatment

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

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

Monitoring care and treatment

The service was actively involved in quality improvement activity

The service had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

- The service was actively involved in quality improvement activity.
- Audits had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- We saw evidence of both clinical and non-clinical audits.
- We reviewed a quarterly prescribing audit which collated data from both out of hours hubs managed by MEDICUS (the second hub was based at Eagle House Surgery and not inspected at this time). The audit took place in each of the quarters of 2021 to 2022 (April 2021 to March 2022) The audit looked at the prescribing of Penicillin and Macrolide antibiotics which are used for respiratory infections. It was found that overall prescribing rates had decreased slightly in the third quarter. As a result of the audit, clinicians were reminded of the NHS prescribing guidance and tools to ensure they continue to prescribe appropriately.
- We reviewed an additional audit of GP performance between October and December 2021. This was to review how well staff performed and to highlight any issues in areas such as note taking and referrals. It was found that patients were referred appropriately to secondary care when clinically indicated, multiple issues were dealt with in one consultation and people were signposted to community services as needed. The service found areas for improvement which included carefully considering prescribing and offering face to face appointments to those patients that were unable to send photographs to the clinician for review.

Effective staffing

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

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- GP's were registered with the General Medical Council and were up to date with revalidation.

Are services effective?

- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Coordinating patient care and information sharing

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

- Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services and clinicians when appropriate.
- Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health, any relevant test results and their medicines history.
- The provider had risk assessed the treatments they offered.
- Where patients agreed to share their information, we saw evidence of letters sent to their registered GP in line with GMC guidance.
- Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.
- The service monitored the process for seeking consent appropriately.

Supporting patients to live healthier lives

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

- Where appropriate, staff gave people advice so they could self-care.
- Risk factors were identified, discussed with patients and where appropriate, highlighted to their normal care provider for additional support.
- Where patients needs could not be met by the service, staff redirected them to their NHS GP or to an appropriate service for their needs.

Consent to care and treatment

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

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

Are services caring?

We rated caring as Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The service sought feedback on the quality of clinical care. Patients were able to complete an electronic feedback form about the service they received. Uptake for this is limited but feedback is positive from patients.
- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. Information leaflets were available in easy read formats to help patients be involved in decisions about their care.
- Feedback we reviewed showed patients felt they were listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available upon request.

Privacy and Dignity

The service respected patients' privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Are services responsive to people's needs?

We rated responsive as Good

Responding to and meeting people's needs

- The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.
- The provider improved services where possible in response to patient feedback and unmet needs.
- The service had a system in place that alerted staff to any specific safety or clinical needs of any person using the service.

The facilities and premises were adequate for the services delivered.

Timely access to the service

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

- The practice was open 6.30pm to 8pm Monday to Friday and 8am to 8pm on weekends. Appointments were bookable through the patients GP or the 111 service after appropriate triage.
- 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.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.
- The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. Complaints were handled at the practice and then uploaded to the company computer system for review by the corporate governance team. The practice had received four complaints in the last 12 months. All were managed appropriately.

Are services well-led?

We rated well-led as Good

Leadership capacity and capability;

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

- The senior management were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. The main challenges facing the service was having enough staff to fill each shift. A plan was in place to integrate more remote working as the majority of appointment slots for the service are through telephone and video calls. At present the service found there was a much lower demand for face to face appointments.
- The lead GP was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- There were effective processes to develop leadership capacity and skills.

Vision and strategy

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

- There was a clear vision and set of values to provide compassion, collaboration and excellence. There was a realistic strategy in place to achieve this.
- The service developed its vision, values and strategy jointly with staff.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them
- The service monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.
- The lead GP acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. We reviewed four complaints in detail and were satisfied they were handled appropriately demonstrating compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation, training and development where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

Are services well-led?

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

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

Managing risks, issues and performance

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through internal company audit and external audit of their consultations, prescribing and referral decisions. The lead GP had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change services to improve quality through review of audits carried.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

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

Engagement with patients, the public, staff and external partners

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

- The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.

Are services well-led?

- We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews (through doctors peer meetings, and central governance meetings) of incidents and complaints.
- Learning was shared and used to make improvements. Once assessed and outcomes developed, incidents were shared with staff to aid learning.