

Eagle House Surgery

Inspection 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 location

Inadequate 

Are services safe?	Inadequate 
Are services effective?	Inadequate 
Are services caring?	Inadequate 
Are services responsive?	Inadequate 
Are services well-led?	Inadequate 

Overall summary

We decided to undertake an inspection of this service following our annual review of the information available to us. This inspection looked at the following key questions:

Are services Safe?

Are services Effective?

Are services Caring?

Are services Responsive?

Are services Well-led?

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

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations

We first inspected this location in January 2014 when it was found not to be meeting the then standard in regard to Cleanliness and infection control, in particular the cleaning schedule did not detail the cleaning procedure for high, medium or low risk areas. On re-inspection in May 2014 the practice was found to be meeting the then standard. We subsequently inspected the practice in June 2016, at which time it was found to be good in all domains and good overall.

We have rated this practice as inadequate overall, with a rating of inadequate for safe effective, caring, responsive and being well-led.

We rated the practice as **inadequate** for providing safe services because:

- The practice had a system in place for two-week-wait cancer referrals to ensure patients received and attended an appointment. However, it was not following its own protocol to ensure all patients were appropriately followed-up;
- There was a system for the management of test results to ensure results were received and reviewed for all tests sent. However, the practice was not following its own policy to ensure all blood tests received into the practice were viewed and actioned in a timely way.
- Patients were being prescribed high risk medicines despite a lack of consistent and complete records of required blood tests;

- There was a system to notify staff of safety alerts. However, the practice did not ensure all relevant staff attended meetings where alerts were discussed.
- There was no evidence, on staff personnel files we looked at, of verification to show clinicians had maintained their registration with an appropriate governing body;
- Records for the locum GP working at the practice on the day of the inspection showed no evidence the locum had undertaken training in safeguarding of vulnerable adults or children, or completed training in health and safety, infection prevention and control, and fire safety;
- Staff employed since April 2018 had undergone an induction procedure to ensure they had the necessary skills and knowledge to work at the practice. However, the locum GP working at the practice on the day of inspection had not undergone an induction procedure;
- Not all staff had received training to enable them to identify and treat the symptoms of serious illness, such as sepsis.

We rated the practice as **inadequate** for providing effective services because:

- There was no effective system to ensure clinicians remained up to date with current evidence-based guidance
- The practice was not following its own system to ensure patient treatment was regularly reviewed and updated;
- There was a lack of systems, and procedures, for supervision of clinical staff. Nor was there peer review of clinician's work.
- GPs in training working at the practice were not always actively supervised to ensure they were adequately supported.
- The practice did not have a consistent approach to providing staff with ongoing support;
- Personnel files did not show clinical staff had maintained their professional registrations.

The inadequate areas found during the inspection impacted on all population groups within the effective domain, we have therefore rated all population groups as inadequate overall.

We rated the practice as **inadequate** for providing caring services because:

- Patients experienced difficulty in contacting the practice by phone, and in making appointments.

Overall summary

- Patients experienced long waits to be seen having arrived for their appointments.
- Feedback from patients was negative about the way staff treated people.
- The phone triage system for booking an appointment for a child was inadequate.

We rated the practice as **inadequate** for providing responsive services because:

- Patients were not able to access care and treatment in a timely way.
- Learning from complaints was not used to drive improvement in the practice.

The inadequate areas found during the inspection impacted on all population groups within the responsive domain, we have therefore rated all population groups as inadequate overall.

We rated the practice as **inadequate** for being well-led because:

- Leaders could not demonstrate that they had the capacity and skills to deliver high quality sustainable care.
- The practice did not have a credible strategy to provide high quality care.
- There was no clinical lead to oversee governance issues.
- There were gaps in the practice's governance systems and processes and the overall governance arrangements were ineffective.
- The practice had not implemented a clear and effective process for managing risks, issues and performance.
- We saw limited evidence of learning and continuous improvement.

The areas where the provider must make improvements are:

- Ensure care and treatment is provided in a safe way to patients.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed

The areas where the provider should make improvements are:

- Continue to work to improve antimicrobial prescribing in line with national guidance.
- Introduce a system to ensure all relevant staff are brought up to date with all medical alerts and any changes in guidance.
- Work to improve uptake of its childhood immunisations programme for the benefit of those patients.
- Work to repair and improve the interior decoration of the premises and facilities to ensure they are in an appropriate state of repair for the benefit of all service users.

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.

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

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

Our inspection team

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

Background to Eagle House Surgery

Eagle House Surgery is located at 291 High Street, Enfield, London, EN3 4DN. The surgery has good transport links and there is a pharmacy located nearby.

The provider is registered with CQC to deliver the Regulated Activities: Surgical procedures, Treatment of disease, disorder or injury, Diagnostic and screening procedures, Family planning and Maternity and midwifery services.

Eagle House Surgery is part of the NHS Enfield Clinical Commissioning Group (CCG) and provides services to approximately 13,500 patients under the terms of a personal medical services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The clinical team at the practice includes one female and four male GP partners, two female and one male salaried

GPs and two doctors in training. Between them the GPs provide 63 clinical sessions per week (a whole time equivalent of just under 8 GPs). The clinical team is completed by an advanced nurse practitioner, two practice nurses and a Healthcare Assistant.

Information published by Public Health England, rates the level of deprivation within the practice population group as two, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Thirty-seven percent of children live in households affected by income deprivation compared to a local average of 30% and a national average of 20%. Twenty-nine percent of older people are affected by income deprivation compared to a local average of 25%, and the national average of 20%.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider had not ensured:</p> <ul style="list-style-type: none">• All staff had received appropriate training to enable them to recognise, and act on, the signs of serious illness.• Learning from complaints and significant events was shared to drive improvement in the practice• All patients received medicines reviews in a timely fashion to ensure the medicines prescribed remained appropriate and safe to prescribe.• There was a safeguarding register for vulnerable adults and children.• Vaccines were securely stored. <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to ensure:</p> <ul style="list-style-type: none">• All new staff followed a suitable induction programme.• It checked and confirmed the skills qualifications, registration and medical indemnity cover for all locum staff employed. <p>This was in breach of Regulation 19(1)&(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>In particular we found</p> <ul style="list-style-type: none">• Patients experienced difficulty in contacting the practice by phone and booking appointments.• There were long waits to be seen without being made aware of delays:• A large number of blood test results had not been viewed or actioned.• There was a lack of detail recorded in patient consultation records regarding medicines reviews:• There was no effective system in place, including no protocol for monitoring and review of two-week-wait cancer referrals. <p>A warning notice was served on the provider with a deadline for compliance of 12 February 2020.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.</p> <p>In particular we found:</p> <ul style="list-style-type: none">• There was a lack of systems in place to ensure adequate governance• A lack of clinical oversight of locum GPs, nurse prescriber, practice nurses, HCA and GP trainees.• No care plans for patients who would benefit from the same, including patients in the last year of life.• An inadequate phone triage system for patients wishing to make an appointment for a child.

This section is primarily information for the provider

Enforcement actions

A warning notice was served on the provider with a deadline for compliance of 12 February 2020.