

# Keats 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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



# Overall summary

We carried out an announced comprehensive inspection at Keats Surgery on 04 February 2019. The practice was previously rated in December 2016 and rated as good in all domains and population groups.

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 have rated this practice as requires improvement overall.**

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

- There was no recent assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including regular infection prevention control audits and an up to date legionella risk assessment.

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

- There was limited monitoring of the outcomes of care and treatment.
- Some performance data was significantly below local and national averages.
- There was no quality improvement programme in place and the practice had not carried out 2-cycle clinical audits to improve patient outcomes.

We rated the practice as **requires improvement** for providing well-led services because:

- The overall governance arrangements required improvement.
- The practice did not always have clear and effective processes for managing risks, issues and performance.
- The practice did not always act on appropriate and accurate information.
- We saw little evidence of systems and processes for learning, continuous improvement and innovation.

We rated the practice as **good** for providing caring and responsive services because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

For the responsive domain, we rated all the population groups as **good**.

For the effective domain, we rated older people; working age people; people whose circumstances may make them vulnerable; and people experiencing poor mental health as **good**. We rated people with long-term conditions and families, children and young people as **requires improvement**. This was because performance in the uptake of childhood immunisations were below the World Health Organisation targets, and QOF scores for Asthma and Atrial Fibrillation were below local CCG and England averages. This gave an overall rating of **requires improvement** for long-term conditions and families, children and young people.

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

- Ensure that care and treatment is provided in a safe way (Please see the specific details on action required at the end of this report).
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. (Please see the specific details on action required at the end of this report).

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

- Ensure regular fire drills are carried out.
- Ensure fire training records are documented for all staff.
- Review the need for fire marshals.
- Continue with efforts to improve the up-take of cervical screening

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

## Our inspection team

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

## Background to Keats Surgery

Keats Surgery is a GP practice located in the London Borough of Enfield and is part of the NHS Enfield Clinical Commissioning Group (CCG).

The practice is provided by two GP partners and is located on the main road which is accessible by local bus and train services. The practice is located on ground floor with step free access.

The practice provides care to approximately 5000 patients. The practice area population has a deprivation score of 3 out of 10 (1 being the most deprived). The practice serves a higher than average number of elderly patients. The practice cares for a diverse population with approximately 47% of its patients from black and ethnic minority backgrounds.

The practice holds a GMS (General Medical Services) contract with NHS England. This is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

The practice is registered with the Care Quality Commission to provide the regulated activities:

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

The practice team consists of one male and one female GP partner, a part time female practice nurse, a practice manager and an administrative and reception team.

The practice's opening hours are 8am to 6:30pm on weekdays, with extended hours appointments operating between 6.30pm-8.50pm Thursdays.

Standard appointments are 10 minutes long, with double appointments available to patients who request them, or for those who have been identified with complex needs.

The practice has opted out of providing an out-of-hours service. When the practice is closed, patients are redirected to a contracted out-of-hours service. The local Clinical Commissioning Group has commissioned an extended hours HUB service, which operates across three locations. Two of the HUB sites operate from 1.30pm to 8.30pm on weekdays and 8am – 8pm on weekends. The other HUB site operates from 6.30pm-8.30pm on weeknights and 8am-8pm on weekends. Patients may book appointments with the service by contacting the practice.

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 inj	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out.</p> <p>In particular we found:</p> <ul style="list-style-type: none"><li>• There was no documented assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular: regular infection prevention control audits and an up-to-date legionella risk assessment.</li></ul> <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 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance. In particular we found:</p> <ul style="list-style-type: none"><li>• The practice did not have a comprehensive programme of quality improvement activity. In particular, the practice had not carried out 2-cycle clinical audits to help improve patient outcomes.</li><li>• There was limited monitoring of the outcomes of care and treatment and the follow up system to improve quality outcomes for patients was ineffective, in</li></ul>

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## Requirement notices

particular there was no comprehensive assessment or action plan for improving performance for childhood immunisations, QOF indicators for Asthma and Atrial Fibrillation and the two week wait cancer detection indicator.

- The provider did not have a system or policy in place which ensured that all children who did not attend their appointment for immunisations were appropriately monitored and followed up.
- There was a lack of communication between the management team regarding some of the practice's performance scores that were lower than local and national averages.
- The provider did not have a succession plan in place.
- The practice nurse had not received an annual appraisal.

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