

St Andrews Medical Practice

Inspection report

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Whetstone
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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?

Requires Improvement 

Are services well-led?

Good 

Overall summary

We carried out an announced comprehensive at St Andrews Medical Practice on 27 September and 4 October 2023. Overall, the practice is rated as good.

Safe - Good

Effective - Good

Caring - Good

Responsive - Requires improvement

Well-led - Good

The full reports for previous inspections can be found by selecting the 'all reports' link for St Andrews Medical Practice on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this inspection as part of our programme of inspecting locations that had been inspected as part of our first phase of inspections using our current methodology.

How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A site visit.

Our findings

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 found that:

- The practice had established systems and processes that kept patients safe and protected them from avoidable harm.

Overall summary

- Patients received care and treatment that met their needs, however clinical searches we conducted showed that not all long-term conditions reviews were being carried out according to national guidelines.
- The practice used clinical and quality improvement audits to improve patient outcomes.
- Staff had the skills and knowledge to carry out their role effectively, however training records we viewed did not accurately reflect this.
- There were systems in place to manage and mitigate risk relating to the practice, but these not always utilised.
- There was compassionate and effective leadership at the practice.
- Governance systems relating to policies were not always reviewed regularly.
- The most recent National Patient Survey revealed that patients at the practice did not always access care and treatment in a timely way.
- The practice had an active patient participation group (PPG).
- There was evidence of continuous improvement and innovation at the practice.

We found two breaches of regulations. The provider **must**:

- Establish effective system and processes to ensure good governance in accordance with the fundamental standards of care.
- Act in an open and transparent way with relevant persons in relation to care and treatment provided to service users.

Whilst we found no additional breaches. The provider should

- Review practice management governance systems.
- Regularly review practice risk register to ensure full oversight and management of current and potential future risk.
- Employ systems to ensure clinical monitoring of patients is conducted according to national guidelines.

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

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Health Care

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Our site team included a practice manager special advisor and one regulatory co-ordinator.

Background to St Andrews Medical Practice

St Andrews Medical Practice is in Whetstone, North London. Services provided by the practice have been commissioned by the North Central London Clinical Commissioning Group. St Andrews Medical Practice holds a Personal Medical Service (PMS) contract with NHS England. It is located within a residential area with good transport links.

The practice offers six consultation rooms and services provided by the practice include child health care, ante and post-natal care, immunisations sexual health and contraception advice and management of long-term conditions. In addition the practice provides care to four local care homes.

The practice is registered with the Care Quality Commission to carry on the regulated activities of family planning, treatment of disease, disorder or injury and diagnostic and screening procedures, surgical procedures and maternity and midwifery services.

The clinical team included 4 GP partners, 4 salaried GPs, 3 practice nurses and two clinical pharmacists. Other staff working at the practice included one full-time practice manager, a social prescriber, a mental health prescriber, first contact physiotherapist and reception and administrative staff. The practice was a teaching practice and were hosting 3 GP trainees.

The practice is part of a wider network of GP practices called Barnet Federated GPs.

The practice is open between 8am to 6.30pm Monday to Friday. The practice advises patients that it offers a range of appointment types including book on the day, telephone consultations, electronic consultations and advance appointments.

Extended access is provided locally by an external hub, where late evening and weekend appointments are available.

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 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>The registered provider did not do all that was practicable to ensure that systems in place allowed good governance to be provided:-</p> <ul style="list-style-type: none">• The provider did not ensure good record keeping in relation to the practice training matrix.• The provider did not have adequate systems in place to address patient concern relating to gaining access to the practice by telephone.• There were no internal patient surveys conducted, to allow the practice to work on patients' issues that would be highlighted by this type of survey.• The provider did not keep information relating to staff vaccinations on all staff files.• Responses to patient complaints did not always detail when the practice was at fault <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>