

Torrington Park Group Practice

Inspection report

Torrington Park Health Centre
16 Torrington Park, North Finchley
London
N12 9SS

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www.torringtonparkgrouppractice.nhs.uk

Date of inspection visit: 11 October 2023

Date of publication: 23/01/2024

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?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced comprehensive inspection at Torrington Park Group Practice on 11 October 2023. Overall, the practice is rated as requires improvement.

Safe - requires improvement.

Effective – good.

Caring – good.

Responsive - requires improvement.

Well-led - requires improvement.

During the inspection process, the practice highlighted efforts they are making to improve outcomes and treatment for their population. They had only recently been implemented and the effect of these efforts is not yet reflected in verified evidence. As such, the ratings for this inspection have not been impacted. However, we continue to monitor the data and where we see potential changes, we will follow these up with the practice.

Following our previous inspection on 1 September 2015, the practice was rated good overall and for all key questions.

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

Why we carried out this inspection

We carried out this inspection in line with our inspection priorities. We reviewed all key questions as part of this inspection.

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 short 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

Overall summary

- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We found that:

- Patients' needs were assessed and the practice was generally prescribing safely, although improvements were needed in reviewing patients prescribed certain medicines and acting on safety alerts.
- Patients received effective care and treatment that met their needs. The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Data from the National GP Patient Survey (2023) showed that the practice was rated below local and national averages for questions relating to accessing the service. Although we saw the practice was attempting to improve access, this was not yet reflected in patient feedback.
- There was a strong emphasis on the well-being of staff.
- Although there were clear responsibilities, roles and systems for accountability, there were shortfalls in mitigating risks relating to disclosure and barring service checks and immunisation history for non-clinical staff.

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

- Ensure care and treatment is provided in a safe way to patients.

In addition, the provider **should**:

- Continue to address all outstanding actions from the health and safety and fire safety risk assessments.
- Continue to improve the systems and processes to increase uptake for childhood immunisations and cervical screening.
- Improve the system for monitoring staff training.

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 advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location and a second CQC inspector who spoke with staff during the site visit.

Background to Torrington Park Group Practice

Torrington Park Group Practice is located in North Finchley, London at:

Torrington Park Health Centre

16 Torrington Park

North Finchley

London

N12 9SS

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

The practice is situated within the borough of Barnet and is part of the North Central London Integrated Care System (ICS). The practice delivers Personal Medical Services (PMS) to a patient population of about 12,400. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices known as Barnet Primary Care Network (PCN) 2.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the 8th decile (8 of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 63% White, 22% Asian, 5% Black, 5% Mixed, and 5% Other.

The practice is led by 4 GP partners and a non-clinical managing partner. The leadership team were supported by 4 salaried GPs, an advanced nurse practitioner, 2 practice nurses, a health care assistant, an assistant manager, an operations manager, a reception manager, a manager's assistant, a reception supervisor, and a team of reception/administration staff.

The practice is open between 8.00am to 6.30 pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access for late evening and weekend appointments was available in the locality.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none">• Clinical review showed some patients prescribed medicines that increase the risk of gastrointestinal (GI) bleed were at risk as they had not been prescribed GI protection medicines and there was no evidence that this had been considered or discussed.• The system to act on safety alerts was not effective as clinical review identified a medicine safety alert relating to teratogenic drugs had not been fully actioned.• Annual medicine reviews did not always include a review of controlled drugs prescribed to a patient.• The system for maintaining evidence of staff vaccination history / immunity levels did not include evidence for non-clinical staff contrary to current guidance.• Non-clinical staff who undertook chaperone duties had not received a disclosure and barring service (DBS) check and there was no documented risk assessment or rationale for this decision. <p>This was in breach of Regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>