

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.

Overall summary

This report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the Provider.

We carried out a GP Focused Inspection Pilot on 17 & 18 August 2020. We had previously carried out an announced comprehensive inspection at Keats Surgery on 12 February 2020 as part of our inspection programme. At that time, concerns were found in the key questions of Safe and Well led resulting in breaches of Regulation 12(1)- Safe care and treatment and Regulation 17 (1) – Good governance of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The practice was rated inadequate and placed into Special Measures.

The GP Focused Inspection Pilot undertaken on 17 & 18 August 2020 did not review the ratings for the key questions or for the practice overall as this was a Focused Inspection Pilot, undertaken to assess whether the provider had taken action to address the areas of immediate risk identified at the February 2020 inspection.

We will consider the practice's ratings in all key questions and overall when we carry out a full comprehensive inspection at the end of the period of special measures.

We found that:

•Insufficient action had been taken since our February 2020 comprehensive inspection, such that arrangements for monitoring patients prescribed high risk medicines continued to place patients at risk.

•Insufficient action had been taken since our February 2020 comprehensive inspection, such that arrangements for acting on safety alerts continued to place patients at risk.

•Insufficient action had been taken since our February 2020 comprehensive inspection in that arrangements for monitoring the care of patients with diabetes, hypertension and asthma did not support the delivery of optimal care and treatment.

•Action had been taken since our February 2020 comprehensive inspection such that patient group

directives (PGD's) were now in date allowing specified health professionals such as nurses to supply and/or administer medicine without a prescription or an instruction from a prescriber such as a doctor.

•Systems were also now in place for disseminating learning from significant events and complaints; and for improving childhood immunisations.

The areas where the provider must make improvements are:

•Ensure that care and treatment is provided in a safe way.

•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).

This service will remain 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

Our inspection team

Our GP Focused Inspection Pilot team was led by a CQC lead inspector. The team included a GP specialist advisor and a pharmacist inspector.

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 provides care to approximately 5200 patients and the practice area population has a deprivation score of 3 out 10 (1 being the most deprived). Keats Surgery serves a higher than average number of elderly patients and cares for a diverse population (with approximately 49% of its patients from Black and minority ethnic backgrounds). The practice is located on the ground floor and offers step free access. Keats Surgery is located on a main road served by local bus and train services.

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

The practice is registered with the Care Quality Commission to provide the following 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, a part time female practice nurse, a practice manager and an administrative/reception team. The practice's opening hours are 8:00am to 6:30pm on weekdays, with extended hours appointments operating between 6:30pm-9:30pm Tuesdays.

During the Covid 19 outbreak, CQC's regulatory role and core purpose of keeping people safe has not changed and we have developed an Emergency Support Framework (ESF) that allows CQC to target support where it's most needed. Keats Surgery underwent an ESF in June 2020 and was assessed as managing overall but assessed as requiring support in terms of the extent to which people using the service were being protected from abuse, neglect and discrimination during the Covid 19 outbreak.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	
	Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

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Good governance

Maternity and midwifery services

Diagnostic and screening procedures

Surgical procedures

Family planning services

Treatment of disease, disorder or injury

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Enforcement actions

Systems or processes must be established and operated effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.

How the regulation was not being met:

•The provider did not operate effective systems and processes for actioning safety alerts.

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