

# Staverton Surgery

## Inspection report

51 Staverton Road

London

NW2 5HA

Tel: 0208 459 1359

Website: [www.stavertonsurgery.nhs.uk](http://www.stavertonsurgery.nhs.uk)

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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 

# Overall summary

We carried out an announced comprehensive inspection at Staverton Surgery on 9 January 2020 as part of our inspection programme.

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: safe and well-led.

We based our judgement of the quality of care at this service is 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 and effective services because:

- Staff vaccination was not maintained in line with Public Health England (PHE) guidelines.
- There were gaps in systems to assess, monitor and manage risks to patient safety.
- Appropriate standards of cleanliness and hygiene were not always met.
- Clinical data was not always managed securely according to guidance.
- The systems for the appropriate and safe use of medicines was not always operating effectively.

- The practice did not have an effective system to learn and make improvements when things went wrong.
- The processes to keep clinicians up to date with current evidence-based practice were not effective.
- There was limited monitoring of outcomes of care and treatment.

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

- Ensure care and treatment is provided in a safe way for patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. In particular, keeping clinicians up to date with current evidence based practice.

## **In addition, the provider should:**

- Develop a system to monitor pharmacist registration to ensure it is kept up to date.
- Develop a system to monitor clinician performance and carry out peer reviews.
- Take action to improve uptake for cervical screening.
- Develop a clear audit strategy.

## **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

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

## 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 Staverton Surgery

Staverton Surgery is located at 51 Staverton Road, London, NW2 5HA. The surgery operates from one building and is located in a residential area with transport links. The premises comprise of three-storeys with treatment rooms located on the ground and first floor.

The practice is registered with the CQC to carry out the following regulated activities - diagnostic and screening procedures, surgical procedures, maternity and midwifery services and treatment of disease, disorder or injury.

The practice has a contract with Brent Clinical Commissioning Group (CCG) which is made up of 35 general practices. The practice provides General Medical Services (GMS) and offers enhanced services for various immunisation checks and Ear, Nose and Throat (ENT) services and is part of a local network of practices for research. The practice provides extended hours on Saturdays and hosts the out of hours access hub for six days a week. They also provide chronic disease management, spirometry, ECG monitoring, ambulatory blood pressure monitoring, smoking cessation and weight management, phlebotomy and INR testing and warfarin monitoring.

The practice opening hours are on Monday to Friday from 8.00am and 6.00pm. Extended hours are offered on Saturdays for walk-in clinics between 9.00am and

11.00am. The practice hosts the out of hours hub service on Monday to Friday between 4.00pm and 8.00pm and on Saturday between 10.00am and 2.00pm. When the practice is closed, out of hours cover for emergencies is provided by London Central West. At the time of our inspection there were 9,154 patients on the practice list.

The practice has one male and three female GP partners and three salaried GPs who provide a combination of 37 clinical sessions a week. Also employed are one practice nurse, two phlebotomists, one practice manager, two reception/admin managers, five receptionists, two administrators. The practice belonged to a Primary Care Network (PCN) and the Kilburn Primary Care Co-op. This provided the practice with two shared clinical pharmacists, a social prescriber coordinator, IT support and one Advanced Nurse Practitioner (ANP).

The practice scored five on the deprivation measurement scale; the deprivation scale goes from one to 10, with one being the most deprived. People living in more deprived areas tend to have greater need for health services. National General Practice Profile describes the practice ethnicity as being 53.1% white British, 18.4% Asian, 14.6% black, and 6.5% mixed and 7.3% other non-white ethnicities. The practice demographics show a slightly higher than average percentage of people in the 15-64 year age group. Average life expectancy is 82 years for

men and 87 years for women compared to the national average of 79 and 83 years respectively. The general practice profile shows that 47% of patients registered at the practice have a long-standing health condition, compared to 42% locally and 51% nationally.

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><b>How the regulation was not being met:</b></p> <p><b>Care and treatment must be provided in a safe way for service users</b></p> <ul style="list-style-type: none"><li>• There was no evidence of an effective employee immunisation programme in place according to PHE guidelines. There were several gaps in staff immunisation including measles, despite a recent confirmed case at the practice.</li><li>• Blind loop cords were not all secured.</li><li>• Not all areas of the infection control audit were actioned. For example, the installation of soap and alcohol dispensers.</li><li>• There were no purple lidded bins for cytotoxic waste and there were no sanitary bins in all the practice toilets.</li><li>• Clinical data was not always managed securely.</li><li>• There were no arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.</li><li>• There was no clear escalation process for patients prescribed lithium medicines.</li><li>• The policy in place for significant events and incident reporting that enabled staff to report, record and learn from significant events and incidents was not operating effectively.</li></ul> <p>This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

## Requirement notices

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

### How the regulation was not being met:

- **The processes to keep clinicians up to date with current evidence-based practice were not effective.**

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