

Eagle House Surgery

Inspection report

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Enfield
EN3 4DN
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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?

Good



Are services effective?

Requires Improvement



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 inspection at Eagle House Surgery on 31 October and 15 November 2019. The overall rating for the practice was inadequate, it was placed into special measures and warning notices were issued. We carried out an announced follow up inspection on 20 February 2020 and found that the practice had made sufficient improvements and that the warning notices had been met.

The full comprehensive reports on the October/November 2019 and February 2020 inspections can be found by selecting the 'all reports' link for Eagle House Surgery on our website at www.cqc.org.uk.

We took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering how we carried out this inspection. We therefore undertook some of the inspection processes remotely and spent less time on site. We conducted medical records searches on 2 November 2020 and carried out a site visit on 9 November 2020.

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 with a rating of requires improvement for being effective and responsive and requires improvement for all population groups, with a rating of good for safe, caring and being well-led,

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

- Whilst the practice had put in place systems to improve its performance and monitoring, there were areas of significant decline in performance, or yet to show substantive improvement.

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

- Although the practice had made a number of changes to improve access, patients remained significantly dissatisfied with:
 - access to the practice, particularly via the phone.
 - Availability of suitable appointment times and types of appointment to meet patient needs.

We rated the practice as good for providing safe services because:

- The practice had an effective system for two-week-wait cancer referrals to ensure patients received and attended an appointment;
- There was a system for the management of test results to ensure results were received and reviewed for all tests sent. We found no evidence of a backlog of test results;
- Patients who were being prescribed high risk medicines received regular blood testing. Records we reviewed confirmed results were recorded.
- There was an effective system to notify staff of safety alerts;
- Minutes of meetings were circulated to all relevant staff, and all were required to sign a book held by the practice manager to confirm they had reviewed the minutes;
- We saw evidence to show clinicians had maintained their registration with an appropriate governing body;

Overall summary

- We saw evidence within recruitment systems to show all clinicians were required to complete a full induction procedure on starting at the practice, this included all temporary and locum staff;
- All staff had received training to enable them to identify and treat the symptoms of serious illness, such as sepsis.

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

- As a result of the impact of the Covid-19 pandemic the practice had made changes to its appointments system, with most appointments conducted via phone calls or online.
- Patients were able to contact the practice by phone and make appointments.
- Feedback from patients about the practice was positive.
- The phone triage system for booking an appointment for a child had been reviewed and changed to ensure calls were not missed.

We rated the practice as good for providing well-led services because:

- Following our previous inspection in October/November 2019 the practice had revamped its leadership. Leaders had the capacity and skills to deliver high quality sustainable care.
- There was a procedure to ensure consistent and complete records of required blood tests for patients being prescribed high risk medicines;
- The practice had a credible strategy to provide high quality care.
- The practice had appointed joint clinical leads to oversee governance issues.
- There were governance systems and processes and the overall governance arrangements were effective.
- The practice had implemented a clear and effective process for managing risks, issues and performance.
- We saw evidence of learning and continuous improvement.

I am taking this service out of special measures. This recognises the significant improvements that have been made to the quality of care provided by this service.

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).

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

- Implement written policies or procedures to assist in limiting unplanned admissions, and follow-up on patients following release from hospital to prevent re-admissions to hospital.

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

Our inspection team

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

Background to Eagle House Surgery

Eagle House Surgery is located at 291 High Street, Enfield, London, EN3 4DN. The surgery has good transport links and there is a pharmacy located nearby.

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

Eagle House Surgery is part of the NHS Enfield Clinical Commissioning Group (CCG) and provides services under the terms of a personal medical services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The clinical team at the practice includes one female and four male GP partners and five female and one male salaried GPs. Between them the GPs provide 62 clinical sessions per week (a whole time equivalent of just under 8 GPs). The clinical team is completed by a nurse prescriber, three practice nurses, a Healthcare Assistant and a pharmacist.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person had not done all that was reasonably practicable to mitigate risks to health and safety of service users receiving care and treatment. In particular</p> <ul style="list-style-type: none">• There had been a significant decline in performance for review of patients with Chronic obstructive pulmonary disease (COPD).• Cervical screening rates were below national targets. <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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>In particular we found:</p> <ul style="list-style-type: none">• Patient feedback as evidenced by the GP Patient Survey and from NHS Choices demonstrated the practice needs to:<ul style="list-style-type: none">■ Improve access to the service; and,■ Make sufficient suitable appointments available to meet patient needs. <p>This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>