

# Fernlea Surgery

## Inspection report

114 High Road  
South Tottenham  
London  
N15 6JR  
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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?

Good 

Are services well-led?

Good 

# Overall summary

We carried out an announced comprehensive inspection at the Fernlea Surgery (the practice) on 3 December 2019 as part of our inspection programme, following our annual review of the information available to us. The practice had last been inspected in July 2016, when we had rated it Good for all key questions and population groups. Our previous inspection report can be found by going to <https://www.cqc.org.uk/location/1-542627206> and selecting the Reports tab.

At this inspection we have rated the practice as Good overall and in respect of the five key questions and six population groups.

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 provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- The way the practice was led and managed promoted the delivery of high-quality, person-centred care.

Whilst we found no breaches of regulations, the provider **should:**

- Continue to with efforts to improve the uptake of cervical screening and childhood immunisation rates and implement action to bring about and sustain improvement.
- Proceed with reviewing the system for following up patients given two-week referrals for secondary care.
- Proceed with establishing a formal process to monitor prescriptions uncollected by patients experiencing poor mental health.

**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>Good</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

The inspection team was comprised of a CQC lead inspector, a GP specialist adviser and a practice nurse specialist adviser.

## Background to Fernlea Surgery

The Fernlea Surgery (the practice) operates at 114 High Road, South Tottenham, London N15 6JR. South Tottenham overground and Seven Sisters tube and national rail stations are nearby.

The practice provides NHS services through a General Medical Services (GMS) contract to approximately 10,300 patients. The list has increased by around 2,300 patients since our last inspection, following changes affecting other local practices, with 1,600 new patients joining in the past 12 months. There is a turnover rate of approximately 7.5% per year, with patients moving in and out of the area, which has a high overall deprivation level. The majority of patients are working age adults (20-64 years); the practice list has slightly more children registered compared with local and national averages and fewer older patients.

The practice has a General Medical Services contract and operates within the NHS Haringey Clinical Commissioning Group (CCG) which is made up of 38 general practices. It is part of the Welbourne Primary Care Network, with three other local practices. The practice is registered with the CQC to carry out the following regulated activities - diagnostic and screening procedures; treatment of disease, disorder or injury; family planning; maternity and midwifery services; and surgical procedures.

The clinical staff is made up of three GP partners and four salaried GPs, one of whom is shortly to join the partnership, comprising five male GPs and two females. The practice also has a physician associate. There is a senior practice nurse, two nurses, a volunteer nurse and two healthcare assistants. It is a training practice, with one trainee doctor working currently. The administrative team is made up of a business manager, an operations manager and an administrator. There is a reception supervisor and eight receptionists, one of whom also works as a healthcare assistant.

The practice's opening times are as follows: -

Monday 8:30 am - 6:30 pm

Tuesday 7:30 am - 7:30 pm

Wednesday 7:30 am - 7:30 pm

Thursday 8:30 am - 6:30 pm

Friday 8:30 am - 6:30 pm

Appointments with GPs and other clinical staff are available throughout the day. A walk-in clinic operates each weekday morning until 11:00 am. Home visits and telephone appointments are available.

Extended hours service appointments are available at four locations in the borough, which operate from 6:30 pm - 8:30 pm, Monday to Friday and from 8:00 am - 8:00 pm on the weekends and public holidays.

The practice is closed at weekends and has opted out of providing an out of hours service. Patients calling the practice outside normal operating hours are put through to the local out of hours service provider.

## Are services safe?

People are protected from avoidable harm and abuse

- When things go wrong, people receive a sincere and timely apology and are told about any action taken to improve processes and procedures to prevent the same thing happening again.
- There are clearly defined and embedded systems and processes to keep people safe and safeguarded from abuse.
- Staffing levels and skill mix are planned, implemented and reviewed to keep people safe at all times.
- Staff recognise and respond appropriately to signs of deteriorating health and medical emergencies.

## Are services effective?

People have good outcomes because they receive effective care and treatment that meets their needs.

- People's care and treatment is planned and delivered in line with current evidence-based guidance, standards, best practice and legislation.
- People have comprehensive assessments of their needs, which include consideration of clinical needs, mental health, physical health and wellbeing.
- Clinical audits are carried out and all relevant staff are involved. Accurate and up to date information about effectiveness is used and understood by staff.
- Staff are qualified and have the skills they need to carry out their roles effectively and in line with best practice. They are encouraged to maintain and develop their professional skills and experience.

## Are services caring?

People are supported, treated with dignity and respect, and are involved as partners in their care.

- Feedback from people who use the service, those who are close to them and stakeholders is positive about the way staff treat people.
- People are involved and encouraged to be partners in their care and in making decisions. They are communicated with and receive information in a way they can understand.
- People and staff work together to plan care and there is shared decision-making about care and treatment.
- Staff respond compassionately when people need help and support. Privacy and confidentiality are respected at all times.

## Are services responsive to people's needs?

People's needs are met through the way services are organised and delivered.

- Services are planned and delivered in a way that meets the needs of the local population.
- Care and treatment are coordinated with other services and other providers.
- People can access the right care at the right time. Access to appointments and services are managed to take account of people's needs.
- A walk-in clinic operates each weekday morning. The appointments system is easy to use. Waiting times, delays and cancellations are minimal and managed appropriately.



## Are services well-led?

The leadership, governance and culture promote the delivery of high-quality person-centred care.

- There are clear vision and values, driven by quality and safety, which reflect compassion, dignity respect and equality.
- There is an effective governance structure, which focusses on delivering good quality care. The practice has processes and information to manage current and future performance. There is an effective and comprehensive process to identify, monitor and address current and future risks.
- The service is transparent, collaborative and open about performance. Mechanisms are in place to support staff and promote positive wellbeing. There is a strong focus on continuous learning and improvement at all levels.
- Leaders have the experience, capacity and capability to ensure high-quality care is provided and promote compassion, and equality. It shapes the culture through effective engagement with staff, people who use the services and stakeholders.