Winchmore Surgery

Inspection report

808 Green Lanes
Winchmore Hill
London
N21 2SA
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www.greenlanessurgery.nhs.uk

Date of inspection visit: 28 November 2019
Date of publication: 07/05/2020

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**
Are services caring?	**Good**
Are services responsive?	**Requires improvement**
Are services well-led?	**Requires improvement**

Overall summary

We carried out an announced comprehensive inspection at Winchmore Surgery on 28 November 2019 following our annual review of the information available to us including information provided by the practice. Our review indicated that there may have been a significant change to the quality of care provided since the last inspection. The practice was previously rated in September 2017 and rated as good in all domains and 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 have rated this practice as requires improvement overall.

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

- Two safety medication alerts had not been actioned.
- The practice did not follow best practice guidelines with regards to vaccination storage.
- The practice did not offer immunisations or hold a record of immunisation status for non-clinical staff members.
- Fire drills had not been regularly carried out and fire marshals had not received appropriate training.
- All patients were not followed up after being referred into the two-week wait (TWW) cancer referral system.
- Comprehensive health and safety risk assessments had not been carried out.
- The serial numbers of blank prescription pads given to specific prescribers were not recorded.

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

- The practice's QOF performance was lower than local and national averages for the long-term conditions' indicators relating to diabetes and hypertension.
- Child immunisation uptake rates were significantly below the World Health Organisation (WHO) targets.
- We were not satisfied that the practice had an effective system in place to ensure regular medicines and health reviews were undertaken for elderly patients and patients with gestational diabetes.
- We were not satisfied the practice had an effective system for sharing and cascading clinical learning amongst relevant staff.

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

- Since the last inspection in September 2017 there was continuing concerns and patient dissatisfaction regarding; timely access to the practice via telephone; experience of making an appointment; and the appointment times offered.

We rated the practice as **requires improvement** for providing well-led services because:

- The overall governance arrangements required improvement.
- The practice did not always have clear and effective processes for managing risks, issues and performance.
- The practice did not always act on appropriate and accurate information.

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

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

For the responsive domain, we rated all the population groups as **requires improvement** as we identified continuing concerns regarding timely access to the service which affected all patients.

For the effective domain, we rated working age people; people whose circumstances may make them vulnerable; and people experiencing poor mental health as **good**. We rated older people as **requires improvement** because medication reviews for all older patients had not been carried out. We rated people with long-term conditions as **requires improvement** because performance indicators for diabetes and hypertension were below national and local averages. We rated families, children and young people as **requires improvement** because performance in the uptake of childhood immunisations were below the World Health Organisation targets.

The above ratings of the population groups across the effective and responsive domains resulted in all the population groups being rated as overall **requires improvement**.

Overall summary

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

- Ensure that care and treatment is provided in a safe way (Please see the specific details on action required at the end of this report).
- 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:

- Review how they will respond to and meet the needs of patients who request to see a male clinician
- Continue with efforts to improve the up-take of cervical screening.
- Continue with efforts to improve the uptake for the childhood immunisation programme.

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 practice nurse specialist advisor.

Background to Winchmore Surgery

Winchmore Surgery is located at 808 Green Lanes, London, N21 2SA. The provider is part-owner of the premises which are shared with another provider of healthcare services. In April 2017, the partners took over the management of Park Lodge Medical Centre which moved into the 808 Green Lanes building in October 2017. Winchmore Surgery hold a Personal Medical Services contract, however Park Lodge Medical Centre holds a General Medical Services contract with NHS England. All Winchmore Surgery and Park Lodge Medical centre policies and procedures are shared and all aspects of patient care is provided at the Winchmore Surgery without differentiation. Despite this they are treated as two services by NHS England and by the CQC as there are two registrations.

Both surgeries share staff and resources and as a combined entity, the two practices are a training practice that trains GP trainees, foundations doctors and nurses. It is located within a modern and purpose built medical centre within the Winchmore Hill area of north London. It is one of the 50 practices serving the NHS within the Enfield Clinical Commissioning Group.

The practice is run by three GP partners. In addition, there is one practice manager, one senior administrator, five salaried GPs, four trainee GPs, one international recruitment GP, three nurses, one healthcare assistant and one pharmacist. The practice has also recently recruited a social prescriber and paramedic.

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

The practice is open Monday to Friday:

- Monday 08:00 – 20:00
- Tuesday 08:00 – 18:30
- Wednesday 08:00 – 20:00
- Thursday 08:00 – 18:30
- Friday 08:00 – 18:30

Standard appointments are 10 minutes long; however, the practice also offers 15 minute appointments for those patients requiring longer. The provider can carry out home visits for patients whose health condition prevents them attending the surgery.

Park Lodge Medical Centre has a reported patient list of 17000. The patient profile for the practice has an above-average older patient population (between the ages of 50 and 69 years) and fewer than average children (0-4 years old). The locality has a lower than average

deprivation level. 25% of the practice area population is of black and minority ethnic background. Fifty two percent of the patient population has a long term condition.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:** • Safety alerts had not been actioned. • Influenza vaccinations were not stored appropriately and in accordance with national guidelines. • Fire drills had not been regularly carried out and fire marshals had not received appropriate training. • Comprehensive health and safety risk assessments had not been carried out.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance. In particular we found:** • There was inadequate systems in place which ensured patient safety and safe premise. • Medication reviews were not completed for all elderly patients. • There was no effective system for following up patients who had been diagnosed with gestational diabetes. • There was poor clinical outcomes for childhood immunisations, patients with diabetes and hypertension. • There was not an effective system for sharing and cascading clinical learning amongst relevant staff.

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Requirement notices

- There was continuing concerns regarding patient experience of booking an appointment and accessing the practice via telephone.

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