

Winchmore Surgery

Quality 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.

Ratings

Overall rating for this service

Good



Are services safe?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Winchmore Surgery on 11 November 2015. The overall rating for the practice was good with safe rated as requires improvement. The full comprehensive report on the inspection can be found by selecting the 'all reports' link for Winchmore Surgery on our website at www.cqc.org.uk.

This inspection was a desk-based review carried out on 22 February 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulations that we identified in our previous inspection on 11 November 2015. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is rated as good.

Our key findings were as follows:

- All relevant staff had undertaken basic life support training to the appropriate level in accordance with UK Resuscitation Council guidelines

- All emergency equipment had been regularly tested to ensure it was in good working order.
- Checklists and cleaning schedules for the practice had been reviewed and followed NHS guidelines.
- Written references for recruitment of all staff are in place.
- Staff annual appraisal had been undertaken.
- Complaints were acknowledged in accordance with the timescales outlined in the practice's complaints policies and procedures.
- Patients wanting to access their preferred GP could book in person, online and via telephone. In addition, patients could leave messages for their GP's and call backs were arranged.

At our previous inspection on 11 November 2015, we rated the practice as requires improvement for providing safe services as not all staff had undertaken basic life support training. At this inspection we found all relevant staff had undertaken annual basic life support training to the appropriate level. Consequently, the practice is rated as good for providing safe services.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

When we inspected in November 2015, we found that not all staff had the skills, knowledge or experience to deliver effective care in the case of an emergency. Non-clinical staff had not received basic life training within the last 12 months.

We asked the provider to take action and we noted at this inspection that both clinical and non-clinical staff had been included in the practice's annual basic life support training. We saw evidence that training took place in 2016 and had been scheduled to be repeated in March 2017.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people. As the practice was found to be providing good services overall, this did not affect the rating for the population groups we inspect against.

Good



People with long term conditions

The practice is rated as good for people with long term conditions. As the practice was found to be providing good services overall, this did not affect the rating for the population groups we inspect against.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. As the practice was found to be providing good services overall, this did not affect the rating for the population groups we inspect against.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people. As the practice was found to be providing good services overall, this did not affect the rating for the population groups we inspect against.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. As the practice was found to be providing good services overall, this did not affect the rating for the population groups we inspect against.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). As the practice was found to be providing good services overall, this did not affect the rating for the population groups we inspect against.

Good



Winchmore Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to Winchmore Surgery

Winchmore Surgery is situated in Winchmore Hill, North London within the NHS Enfield Clinical Commissioning Group (CCG). The practice holds a Primary Medical Services contract (an agreement between NHS England and general practices for delivering personal medical services). The practice provides a full range of enhanced services including adult and child immunisations, facilitating timely diagnosis and support for people with Dementia, and minor surgery.

Detailed findings

The practice is registered with the Care Quality Commission to carry on the regulated activities of Maternity and midwifery services, Treatment of disease, disorder or injury, Family planning, Surgical procedures, Diagnostic and screening procedures. The practice had a patient list of just over 16,273 at the time of our inspection. The staff team at the practice included five GP partners (three female and two male), three salaried GPs (two female and one male), one nurse practitioner (female), and two practice nurse (female), two healthcare assistants (both female). The practice has one practice manager, one reception supervisor and sixteen administrative staff. All staff work a mix of full time and part time hours. The practice is a training practice with four trainees.

The practice is open between 8.00am and 6.30pm Monday to Friday. Extended hours surgeries are offered on Monday and Wednesday evenings from 6.30pm to 8.30pm. The surgery is closed on Saturday and Sundays. To assist patients in accessing the service there is an online booking system, and a text message reminder service for appointments and test results. Urgent appointments are available each day and GPs also complete telephone consultations for patients. An out of hour's service provided by a local deputising service covers the practice when it is closed. If patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on their circumstances. Information on the out-of-hours service is provided to patients on the practice website as well as through posters and leaflets available at the practice. There are approximately 57 GP appointment sessions available per week and 15 sessions available per week for the practice nursing staff this excludes telephone consultations.

The practice had a lower percentage than the national average of people with a long standing health conditions (49% compared to a CCG average of 51% and a national average of 54%); and a lower percentage than the national average of people with health related problems in daily life (47% compared to a CCG average of 46% and a national average 49%). The average male and female life expectancy for the Clinical Commissioning Group area was higher than the national average for males and in line with the national average for females.

Why we carried out this inspection

We undertook a comprehensive inspection of Winchmore Surgery on 11 November 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

Detailed findings

functions. The practice was rated as good. The full comprehensive report following the inspection on 11 November 2015 can be found by selecting the 'all reports' link for Winchmore Surgery on our website at www.cqc.org.uk.

We undertook a desk-based focused inspection of Winchmore Surgery on 22 February 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

We carried out a desk-based focused inspection of Winchmore Surgery on 22 February 2017. This involved reviewing evidence that:

- Relevant staff had now completed their required basic life support training.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection on 11 November 2015, we rated the practice as requires improvement for providing safe services as the arrangements to deal with emergencies were not wholly adequate.

These arrangements had significantly improved when we undertook a desktop review on 22 February 2017. The practice is now rated as good for providing safe services.

Arrangements to deal with emergencies and major incidents

When we inspected in November 2015, we found that not all staff had the skills, knowledge or experience to deliver effective care in the case of an emergency. Non-clinical staff had not received basic life training within the last 12 months and were unable to confirm the date of the last time this training had been undertaken. The practice had a training matrix in place to ensure that all staff had training scheduled at the appropriate intervals however, non-clinical staff requiring basic life support training was due in March 2015 and not undertaken. We also found that although the oxygen had been tested with the appropriate checks the defibrillator and nebulisers had not had their annual check recorded so staff could not be satisfied that those items of emergency equipment were operating effectively.

We asked the provider to take action and we noted at this review that both clinical and non-clinical staff had been included in the practice's annual basic life support training.

We saw evidence that training took place in March 2016 and had been scheduled to take place in March 2017. The practice manager told us that two sessions were planned to ensure that all staff working different hours could attend at least one session. We spoke to two non-clinical staff members about their knowledge of basic life support training and how they would apply their learning should an incident arise. Both staff members were able to demonstrate a good understanding of what to do and whom to contact during an emergency. Staff knew the location of the emergency equipment and told us they were confident in how to use it if required. We noted that the training included what to do should a patient suffer a cardiac arrest, basic life support for both adults and children, how to get help, and how to use both a defibrillator and anaphylaxis (treatment used when a person has a severe or life threatening allergic reaction). The practice manager told us that all emergency equipment was tested by an approved PAT (portable appliance) testing and calibration testing company to provide annual checks of the practice's emergency equipment. These were due to take place the day after this review. They also advised that the equipment was checked by the nursing team on a monthly basis, and depleted stock/out of date items were replaced accordingly.

The practice manager confirmed that nursing staff ensured that the defibrillator and nebulisers received an annual check taking place each February. We were also informed that nursing staff perform monthly checks to ensure all emergency equipment was in good working order.