

Cockfosters Medical Centre

Quality Report

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Date of inspection visit: 10 May 2017

Date of publication: 26/05/2017

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 effective?

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 Cockfosters Medical Centre on 23 August 2016. The overall rating for the practice was good, however there was a breach of regulation identified which resulted in the rating of requires improvement for the effective domain. The full comprehensive report for the inspection carried out in August 2016 can be found by selecting the 'all reports' link for Cockfosters Medical Centre on our website at www.cqc.org.uk.

This inspection was an announced desk-based review carried out on 10 May 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulation that we identified in our previous inspection on 23 August 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good, including the effective domain.

Our key findings were as follows:

- The practice had a failsafe system in place for the monitoring of screening results, a GP partner was the lead for the system. One sample taker had completed refresher training and the other sample taker was booked to attend training in June 2017.
- The practice adheres to a carer protocol and has increased the number of carers identified to more than 1% since the inspection in August 2016.
- The practice has created a prescription pad security protocol and maintains a register of serial numbers for all prescriptions received and distributed.
- The practice has taken steps to improve patient satisfaction including securing a grant to update the premises. For example, the addition of an automatic door which has received positive feedback from patients.

However, there were also areas of practice where the provider needs to make improvements.

In addition the provider should:

- Continue to monitor the rate of screening samples unsuitable for analysis by the lab and ensure this percentage is in line with or below the national average of 2.5%.

Summary of findings

At our previous inspection on 23 August 2016, we rated the practice as requires improvement for providing effective services as the system for monitoring the results of screening samples did not include investigation, learning and outcomes when there is a high percentage of samples being identified as unsuitable for analysis by the laboratory. At this inspection we found that a system

monitoring the quality of screening samples had been introduced and a significant improvement had been made in reducing the number of screening samples that are unsuitable for analysis.

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 effective?

The practice is rated as good for providing effective services.

- A system to monitor the quality of screening samples was introduced and led by one of the GP partners at the practice. The practice provided evidence that one sample taker completed refresher training for cervical screening following our inspection in August 2016. The second sample taker is booked for refresher training in June 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 group we inspect against.

Good



People with long term conditions

The practice is rated as good for the care of 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 group 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 group 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 (including those recently retired and students). As the practice was found to be providing good services overall, this did not affect the rating for the population group 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 group 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 group we inspect against.

Good



Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to monitor the rate of screening samples unsuitable for analysis by the lab and ensure this percentage is in line with or below the national average of 2.5%.

Cockfosters Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to Cockfosters Medical Centre

The Cockfosters Medical Centre practice is located in Barnet, North London within the NHS Enfield Clinical Commissioning Group. The practice holds a General Medical Services contract (an agreement between NHS England and general practices for delivering primary care services to local communities). The practice provides a full range of enhanced services including childhood vaccination and immunisation, extended hours access, facilitating timely diagnosis and support for people with dementia, improving patient inline access, influenza and pneumococcal, minor surgery, risk profiling and case management, rotavirus and shingles Immunisation and unplanned admissions.

The practice is registered with the Care Quality Commission to carry on the regulated activities of surgical procedures, treatment of disease, disorder or injury, and maternity and midwifery services, diagnostic and screening procedures.

The practice had a patient list size of 6,245 at the time of our inspection. The staff team at the practice included four GP partners (two females and two males), one practice nurses (female) and one practice manager. The practice had 11 administrative staff. There were 24 GP sessions and eight nurse sessions available per week.

The practices opening hours are:

- Monday to Friday from 8.00am to 6.30pm

Appointments with GPs are available at the following times:

- Monday to Friday from 8.20am to 11.30am and 2.30pm to 6.00pm

Extended hour appointments are available:

- Monday, Tuesday and Thursday from 7.30am to 8.00am and 6.30pm to 7.00pm

Outside of these times patients are diverted to NHS 111 which directs them to the practices out of hour's provider if required.

To assist patients in accessing the service there is an online booking system, and a text message reminder service for scheduled appointments. Urgent appointments are available daily and GPs also complete telephone consultations for patients.

Why we carried out this inspection

We undertook a comprehensive inspection of Cockfosters Medical Centre on 23 August 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good. The full comprehensive report following the inspection on 23 August 2016 can be found by selecting the 'all reports' link for Cockfosters Medical Centre on our website at www.cqc.org.uk.

We undertook a follow up desk-based focused inspection of Cockfosters Medical Centre on 10 May 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.

Detailed findings

How we carried out this inspection

We carried out a desk-based focused inspection of Cockfosters Medical Centre on 10 May 2017. This involved reviewing evidence that:

- A system monitoring the quality of screening samples had been introduced and that the percentage of unsuitable samples had significantly decreased.

During our desk-top focused inspection we:

- Spoke with a GP partner and the practice nurse.

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 effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 23 August 2016, we rated the practice as requires improvement for providing effective services as the practice was unable to demonstrate that there was an investigation process in place for the high percentage of screening samples identified as unsuitable for analysis by the laboratory.

A quality monitoring system had been introduced and resulted in improved sample taking when we undertook a follow up inspection on 10 May 2017. The practice is now rated as good for providing effective services.

Effective staffing

When we inspected in August 2016, we found there was a high percentage of screening samples identified as unsuitable for analysis by the laboratory. This meant that patients would have to be recalled for a second screening. The practice was unable to demonstrate that an investigation took place to identify learning and outcomes

behind the high inadequate percentage of samples. Immediately following the inspection the practice liaised with the laboratory to identify the reason behind the high percentage of inadequate samples.

Both sample takers at the practice now keep a log of all cervical screening tests performed. Samples takers follow up on the results of all cervical screens and meet regularly with one another to discuss the results and identify learning. A GP partner at the practice is the lead for cervical screening and has completed a cervical screening refresher training course. The second sample taker at the practice is booked to complete a training course in cervical screening in June 2017.

We saw evidence that for the period of October to December 2016 the practice had reduced the number of inadequate screening samples by 50%. The practice continue to review all results for screening samples and sample takers meet regularly to share learning and improve quality. For example, sample takers make detailed notes in patients records and each sample taker maintains a log of screening procedures carried out. Sample takers meet regularly to review notes and outcomes of screen results.