

Langstone Way Surgery

Inspection report

28 Langstone Way
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Date of inspection visit: 09 June 2021
Date of publication: 02/08/2021

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 to people's needs?

Requires Improvement



Are services well-led?

Inadequate



Overall summary

We carried out an announced inspection visit at Langstone Way Surgery (the practice) on 9 June 2021. Overall, the practice is rated as “Requires improvement”.

The ratings for each key question were rated as:

Safe - Requires improvement

Effective - Requires improvement

Caring - Good

Responsive – Requires improvement

Well-led - Inadequate

We had previously inspected the practice on 19 February 2019, when we rated it “Requires improvement” overall and for the key questions “Safe”, “Effective” and “Well-led”. The practice was rated “Good” for “Caring” and “Responsive”.

The reports of previous inspections can be found by selecting the ‘all reports’ link for Langstone Way Surgery on our website at <https://www.cqc.org.uk/location/1-540666441>.

Why we carried out this inspection

This comprehensive inspection was carried out to follow up on the issues noted previously, when we found the practice did not have effective systems and processes to ensure:

- Care and treatment were being provided in a safe way.
- Good governance, in accordance with the fundamental standards of care.

How we carried out the inspection

Throughout the pandemic, the Care Quality Commission (CQC) has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently. We carried out the inspection visit on 9 June 2021, following a remote records review and online contact with the practice on 3 June.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice’s patient records system and discussing findings with the practice.
- Reviewing patient records to identify issues and clarify actions taken by the practice.
- Requesting evidence submitted by the practice.
- A short site visit.

Overall summary

Our findings

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 practice, patients, the public and other organisations.

We have again rated the practice as Requires improvement overall.

The population groups are rated as follows:

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

We found that:

- The practice did not have a robust system in place to manage MHRA drug safety alerts. We found examples of drug alerts which had not been actioned in relation to all relevant patients.
- Patients' medical records and treatment was not always regularly reviewed and updated. We found 5,705 items of correspondence in the clinical records system, with insufficient evidence of them having been actioned appropriately.
- Published Quality Outcomes Framework (QOF) performance data showed the practice's rates for various personalised care adjustments (PCAs) were significantly above local and national averages. A PCA can be applied to a patient's record to remove them from the indicator denominator in QOF defined interventions. This can be due to unsuitability (i.e. the patient has an allergy to a specific medication or it is contra-indicated), patient choice (following a shared decision-making conversation), the patient not responding to offers of care, a specific service is not available or if the patient is newly diagnosed or newly registered with the practice. The practice told us it acted in accordance with NHS business rules but was unable to demonstrate it was exercising required clinical judgement in the applying of PCAs. Nor was it able to demonstrate it was reviewing the PCAs on a regular basis.
- Systems operated by the practice did not provide enough assurance that significant events and patient feedback, such as complaints, were used effectively to improve the quality of the service.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic, but some patient dissatisfaction was highlighted in data from the National GP Patient Survey and NHS Choices reviews.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Staff interviewed felt supported by management and reported leaders in the practice were approachable.

We found two breaches of regulations. The practice **must**:

Overall summary

- 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).

In addition to the above, the practice **should:**

- Take necessary actions highlighted by the last fire risk assessment.
- Review and implement actions to improve the uptake of childhood immunisations and cervical screening.
- Continue with actions identified to improve patients' satisfaction over responsive aspects of the service.
- Ensure that significant events and patient feedback are proactively used to drive continuous learning within the practice, and that such learning is documented accordingly.

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 who spoke with staff using video conferencing facilities. A site visit was completed by a CQC lead inspector and an additional CQC inspector. The team included a GP specialist adviser who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Langstone Way Surgery

Langstone Way Surgery is located at 28 Langstone Way, Barnet, London, NW7 1GR. The practice is situated a short walking distance from Mill Hill East underground station and is also accessible on several local bus routes.

The practice is registered with the CQC to provide the Regulated Activities: Diagnostic and screening procedures; Maternity and midwifery services; Treatment of disease, disorder or injury.

The practice is part of the North Central London Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of approximately 8500.

Data published by Public Health England show deprivation within the practice population group as 8 on a scale of 1 to 10. Level one represents the highest levels of deprivation and level 10 the lowest. The practice population is predominantly from either a white (59.2%) or Asian (21%) background.

There is a team of seven GPs who work at the practice, with two GPs as partners. The practice has four nurses, three of whom are trained as advanced nurse practitioners. The GPs are supported by a team of ten administrative and reception staff. The practice manager provides managerial oversight. The practice has additional support from colleagues within the Primary Care Network (PCN), including pharmacists, social prescribers, a physiotherapist and a care co-ordinator.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations. If the GP needs to see a patient face-to-face then the patient is offered an appointment at the practice.

Extended hours access is provided by the practice on Tuesday evenings, where pre-bookable later evening appointments are offered between 6:30pm – 7:30pm. In addition, patients have access to out of hours appointments from 6:30pm – 9pm Monday to Friday and 8am – 9pm at weekends and bank holidays under an extended hours service provided by the CCG and operated at several GP practices in Barnet.

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users.</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">Published Quality Outcomes Framework (QOF) performance data showed the practice's rates for various personalised care adjustments (PCAs) were generally above local and national averages, significantly so in relation to mental health indicators, asthma and COPD. The practice told us it acted in accordance with NHS business rules but was unable to demonstrate it was exercising required clinical judgement in the applying PCAs. Nor was the practice able to demonstrate it was reviewing the PCAs on a regular basis. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Enforcement actions

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Effective systems and processes must be established to ensure good governance in accordance with the fundamental standards of care.</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The practice did not have an effective system in place for receiving and actioning Medicines and Healthcare products Regulatory Agency (MHRA) alerts to ensure patients' healthcare needs were met. There was no clinical oversight within the practice of the system. We found examples of patients whose care had not been appropriately reviewed in accordance with alerts.• We found an extensive and concerning backlog of 5,705 items of correspondence in various clinicians' inboxes in the Docman system. Some documents dated back to 2014 and there was no evidence to confirm the correspondence had been actioned appropriately. <p>This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>