

Hornsey Park Surgery

Inspection report

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<http://www.hornseyparksurgery.nhs.uk/news,59661.htm>

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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

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive?

Good



Are services well-led?

Inadequate



Overall summary

We carried out an announced comprehensive follow up inspection at Hornsey Park Surgery on 30 May 2019 and 3 June 2019.

CQC previously inspected the service on 15 November 2018 and asked the provider to make improvements because although the service provided was caring and responsive, it was not being provided in accordance with the relevant regulations relating to safe, effective and well led care. Specifically, we found the provider had breached Regulation 17 (1) (Good governance) and Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008.

This was because the provider did not have a formal written protocol in place for acting on patient safety alerts or an effective system to manage risks associated with the Legionella bacterium. Also, the provider did not have a written protocol in place in relation to the management of high risk medicines and appropriate pre employment checks were not on file for some staff members.

Two Requirement Notices were served and shortly thereafter the provider wrote to us to tell us how they planned to make improvements. We undertook this comprehensive inspection to check the service had followed their plan and to confirm they had met the legal requirements.

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 inadequate overall.

We rated the practice as inadequate for providing safe services because:

- The practice had not appropriately addressed the Requirement Notice served at our inspection on 15 November 2018, by failing to commission a water sample analysis to check for the presence of the Legionella bacterium. At our 2019 inspection we identified additional concerns relating to the premises which also put patients at risk.

- When things went wrong, the approach to reviewing and investigating causes was inadequate and there was little evidence of sharing learning from events.

- The practice did not have appropriate systems in place for the safe management of medicines as effective arrangements were not in place for either the monitoring or security of prescriptions pads when they were distributed through the practice.

- Staff did not assess, monitor or manage risks to patients who used the services. For example, infection risks were not properly identified or acted upon.

- An absence of clinical leadership support for locum staff increased risks to patients who used the service. For example, the principal GP went on sick leave in March 2019 but interim safeguarding arrangements had not been effectively communicated to staff.

We rated the practice as inadequate for providing well-led services because:

- Leaders could not show they had the capacity and skills to deliver high quality, sustainable care. They were out of touch with what was happening during day-to-day services.

- An absence of clinical leadership meant governance arrangements were unclear or out of date.

- The practice did not have clear and effective processes for managing risks, issues and performance.

- We saw little evidence of systems and processes for learning, continuous improvement and innovation.

- There was minimal engagement with patients who used services.

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

- An absence of clinical leadership meant the outcomes of patients' care and treatment was not monitored effectively, as regular clinical meetings did not take place.

- There was limited participation in multidisciplinary working. The practice did not undertake regular multidisciplinary palliative care case review meetings.

- We did not see evidence that two cycle audits were being used to drive improvements in care and treatment.

Overall summary

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

- We saw limited evidence of actions taken to improve below average patient satisfaction on how staff treated patients with care and concern. Shortly after our inspection the practice sent us its action plan for improving patient satisfaction but this lacked sufficient detail.

We rated all population groups as requires improvement. This was because we were not assured patients' treatment was being regularly reviewed or that outcomes were being robustly monitored for all population groups.

We rated the practice as good for providing responsive services because:

- Access to appointments and services were managed to take account of people's needs, including those with urgent needs.
- Consequently, patient satisfaction on the type of appointments offered and telephone access were above local and national averages.
- Reasonable adjustments were made and action was taken to remove barriers when people found it hard to use or access services.
- Improvements were made to the quality of care as a result of complaints and concerns.

The areas where the provider must make improvements are:

- 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).

The areas where the provider should make improvements are:

- Continue to monitor the effectiveness of the practice's recently introduced cervical screening 'failsafe' system.
- Take action to publicise the practice's complaints procedure on the practice website.
- Take action to publicise information about patient support groups on the practice web site.
- Ensure the practice's opening hours are in accordance with it's NHS contract.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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, a practice manager specialist advisor and a second CQC inspector.

Background to Hornsey Park Surgery

Hornsey Park Surgery is located in Haringey, North East London. The practice has a patient list of approximately 4400. Sixteen percent of patients are aged under 18 (compared to the national practice average of 21%) and 7% are 65 or older (compared to the national practice average of 17%).

Thirty four percent of patients have a long-standing health condition. The services provided by the practice include child health care, ante and post-natal care, immunisations, sexual health and contraception advice and management of long term conditions.

On the day of our inspection, the practice's lead GP (a single GP performer) was on long term sick leave, having been absent from the practice since 7 March 2019. Four GP locums (two female and two male) were working a combined 14.5 sessions per week and a part time female advanced nurse prescriber was working 8 sessions per week. We were advised that two of the locum GPs had been used on a long term, regular basis. The clinical staff are supported by a practice manager, business manager and reception staff. Hornsey Park Surgery holds a General Medical Service (GMS) contract with NHS England.

The practice opening hours are:

- Week days: 9:00am – 6:30pm
- Saturday: 10:00am – 2:00pm

GP appointments are available at the following times:

- Week days: 9:00am – 11:00am and 3:00pm – 5:00pm
- Saturday: 10:00am – 2:00pm

Nurse appointments are available:

- Monday: 9:00am – 1:00pm and 2:00pm – 5:30pm
- Tuesday: 9:00am – 1:00pm and 2:00pm – 5:30pm
- Thursday: 9:00am – 1:00pm and 2:00pm – 5:30pm
- Friday: 9:00am – 1:00pm and 2:00pm to 5:30pm

Telephone lines are diverted to the out of hour's provider when the practice is closed.

The practice is registered to provide the following regulated activities:

- Family planning;
- Treatment of disease, disorder or injury;
- Diagnostic and screening procedures;
- Maternity and midwifery services.

This section is primarily information for the provider

Enforcement actions

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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Maternity and midwifery services	Care and treatment must be provided in a safe way for service users
Treatment of disease, disorder or injury	How the regulation was not being met: The provider had failed to ensure the proper and safe management of medicines. In particular we found: • The provider did not have effective arrangements in place for the monitoring and security of prescriptions pads and computer prescription paper when they were distributed through the practice. • The provider did not have an effective system in place for the monitoring and recording of the availability of emergency equipment and medicine; or for ensuring that the range of available medicines was clinically appropriate. The provider had failed to assess the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular we found: • The provider did not ensure its January 2019 Infection Prevention and Control audit contained sufficient detail to be able to identify infection risks. • The provider had not acted on the recommendations identified in its latest Legionella risk assessment. • The provider failed to ensure its external clinical waste bin was stored safely and securely. • The provider had not ensured disposable curtains and sharps bins were periodically replaced in line with current national guidance.

This section is primarily information for the provider

Enforcement actions

This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

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:

- The provider did not have effective governance systems and processes in place for identifying, capturing and managing issues and risks in relation to the management of emergency medicines, uncollected prescriptions, prescription security, staff pre employment checks, premises risk assessments, fire safety and the review of registers of vulnerable patients.
- The provider did not have a formal system to monitor and improve quality outcomes for patients.

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