

Keats Surgery

Inspection 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 location | | Requires Improvement |  |
|--|--|----------------------|---|
| Are services safe? | | Requires Improvement |  |
| Are services effective? | | Requires Improvement |  |
| Are services caring? | | Good |  |
| Are services responsive to people's needs? | | Good |  |
| Are services well-led? | | Requires Improvement |  |

Overall summary

We carried out an announced comprehensive inspection at Keats Surgery on 16 December 2020 as part of our inspection programme, to check on concerns noted at previous inspections. The reports of those inspections can be read on the CQC website at: <https://www.cqc.org.uk/location/1-498006035/reports>

We had inspected the practice on 12 February 2020, when we rated it inadequate overall and in respect of the safe, effective and well led questions; and requires improvement in respect of the caring and responsive questions. We served Requirement Notices for breaches of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On 16 & 17 August 2020, we carried out a follow up, unrated, remote regulatory assessment, focussing on the breaches of Regulations 12 and 17 and found that the practice had made insufficient improvements. We therefore served Warning Notices for breaches of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We did not revise the practice's ratings at this stage.

We took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering how we carried out this inspection. We therefore undertook some of the inspection processes remotely and spent less time on site. We conducted medical records searches on 3 and 9 December 2020 and carried out a site visit on 16 December 2020.

We have rated this practice as Requires Improvement overall.

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 rated the practice as **Requires Improvement** for providing safe services because:

When we inspected in February 2020, we rated the practice as inadequate for providing safe services because arrangements for monitoring high risk medicines placed patients at risk and the practice lacked effective safety alerts systems. These issues continued to be of concern at our unrated August 2020 Remote Regulatory Assessment. We therefore served Warning Notices for breaches of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; and asked the provider to take action.

At this inspection, arrangements for monitoring Warfarin continued to place some patients at elevated risk but monitoring arrangements for patients prescribed Methotrexate, Lithium and Azathioprine high risk medications had significantly improved. Appropriate arrangements were now also in place for acting on safety alerts.

We rated the practice as **Requires Improvement** for providing effective services:

When we inspected in February 2020, we rated the practice as inadequate for providing effective service. The practice's performance was significantly below local and national averages on indicators relating to diabetes, hypertension and asthma. Childhood immunisations uptake was also significantly below the World Health Organisation 95% target.

Additional concerns were highlighted at our unrated August 2020 Remote Regulatory Assessment regarding missed diagnoses and a failure to deliver optimal patient care.

Overall summary

At this inspection, the practice's performance was in line with local and national averages and monitoring arrangements for patients with diabetes and asthma now supported the delivery of optimal care and treatment. However, child immunisation uptake continued to be below local and national averages. We noted the practice had recruited an additional nurse and that unverified practice data indicated this was beginning to have a positive impact.

We rated the practice as **Good** for providing caring services:

When we inspected in February 2020, we rated the practice as requires improvement for providing caring services because patient satisfaction on involvement in care and treatment was below local and national averages.

At this inspection, although patient satisfaction on involvement in care and treatment was still below local and national averages, the gap had significantly narrowed. Patient satisfaction on the extent to which clinicians listened was now comparable to local and national averages. We also noted satisfaction on the overall patient experience at the practice was above local and national averages; as was satisfaction on the extent to which patients had confidence and trust in their clinician.

We rated the practice as **Good** for providing Responsive services:

When we inspected in February 2020, we rated the practice as requires improvement for providing responsive services because the practice continued to provide only limited nursing services. At this inspection, we noted that an additional part time practice nurse had been appointed to enhance flexibility, choice and continuity of care. National GP survey patient satisfaction scores were now also above local and national averages regarding phone access and appointment times.

We rated the practice as **Requires Improvement** for providing well-led services:

When we inspected in February 2020, we rated the practice as inadequate for providing well-led services because of concerns regarding leadership capacity, governance arrangements and systems for managing risks. Governance arrangements continued to be of concern at our unrated August 2020 Remote Regulatory Assessment. The provider was asked to take action.

At this inspection, governance arrangements regarding safety alerts had improved. However, we noted concerns regarding systems for managing infection risks.

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

- Undertake a further review of arrangements for monitoring patients prescribed Warfarin, including arrangements with third parties.
- Undertake a comprehensive infection prevention and control audit.

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

- Undertake premises/security risk assessments.

I am taking the practice out of special measures in recognition of the improvements made since our previous inspection. However, further improvement is required in relation to providing safe, effective and well led services; and for the care provided to Families, children and young people and Working age people.

Overall summary

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 | Good  |
| People with long-term conditions | Good  |
| 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 | Good  |
| People experiencing poor mental health (including people with dementia) | Good  |

Our inspection team

Our GP Focused Inspection Pilot team was led by a CQC lead inspector. The team included a GP specialist advisor and a pharmacist inspector.

Background to Keats Surgery

Keats Surgery is a GP practice located in the London Borough of Enfield and is part of the NHS Enfield Clinical Commissioning Group (CCG). The practice provides care to approximately 5200 patients and the practice area population has a deprivation score of 3 out of 10 (1 being the most deprived). Keats Surgery serves a higher than average number of elderly patients and cares for a diverse population (with approximately 49% of its patients from Black and minority ethnic backgrounds). The practice is located on the ground floor and offers step free access. Keats Surgery is located on a main road served by local bus and train services. The practice also has a car park situated at the rear of the premises.

The practice holds a GMS (General Medical Services) contract with NHS England. This is a contract between NHS England and general practices for delivering general medical services and is the most common form of GP contract.

The practice is registered with the Care Quality Commission to provide the following regulated activities: Diagnostic and screening procedures; Family planning; Maternity and midwifery services; Surgical procedures; and Treatment of disease, disorder or injury.

The practice team consists of one male and one female GP, two part time female practice nurses, two part time (Primary Care Network funded) clinical pharmacists, one part time phlebotomist, a practice manager and an administrative/reception team. The practice's opening hours are 8:00am to 6:30pm on weekdays (excluding Tuesdays 8:00am-9:00pm). Extended hours appointments are available from a local GP Hub 6:30pm-8:00pm weekdays and 8:00am-8:00pm at weekends.

During the Covid 19 outbreak, CQC's regulatory role and core purpose of keeping people safe has not changed and we have developed an Emergency Support Framework (ESF) that allows CQC to target support where it's most needed. Keats Surgery underwent an ESF in June 2020 and was assessed as 'managing' overall but assessed as requiring support in terms of the extent to which people using the service were being protected from abuse, neglect and discrimination during the Covid 19 outbreak.

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 | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment |
| Family planning services | Regulation 12 HSCA (RA) Regulations 2014 |
| Maternity and midwifery services | Safe care and Treatment |
| Surgical procedures | 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: Continued failure to ensure the proper and safe management of medicines. • The provider did not have effective arrangements in place to ensure that blood test results for some patients were being appropriately reviewed prior to prescribing Warfarin. Failure to assess the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. • The provider had failed to undertake a comprehensive infection prevention and control audit within the previous 12 months. This was not in accordance with its own Infection Prevention and Control Policy. |