

# Lane End Medical Group

## 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 

Are services responsive to people's needs?

Good 

Are services well-led?

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 Lane End Medical Group on 16 October 2014. The overall rating for the practice was requires improvement. The full comprehensive report on the 16 October 2014 inspection can be found by selecting the 'all reports' link for Lane End Medical Group on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was a desk-based review carried out on 9 February 2017 to confirm that the practice had carried out their plan to improve the areas of the service we identified in October 2014. 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.

Our key findings were as follows:

- The practice had improved telephone access by working with the patient participation group.

- A dedicated telephone management rota was introduced to enhance access at peak times.
- The practice maintained a detailed record of complaint investigations and lessons learned from them.
- Significant events were investigated appropriately and learning outcomes shared with appropriate staff and stakeholders.
- An audit timetable was in place and staff used this to structure an annual programme that contributed to the quality of clinical care and patient outcomes.
- A recruitment policy had been updated in April 2016 that included the need for pre-employment checks before a member of staff took up their post.
- All staff trained to provide chaperone duties had an up to date background check with the Disclosure Barring Service.

**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:

- Staff used an established system to report and investigate significant events.
- There was evidence of changes and improvements in practice as a result of learning from incidents.
- All staff who acted as a chaperone had a background check with the Disclosure Barring Service.
- Recruitment processes were in place that meant new staff, including locum doctors, underwent safety checks before starting work. This included a check of their immunity status.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services:

- The practice had improved telephone access through a number of strategies that included input from the patient participation group and workshops with patients to help them book appointments.
- There was a system in place to track complaints. We saw these were investigated and areas for learning identified, with clear dissemination to relevant staff and stakeholders.

Good



### Are services well-led?

At this inspection we looked at the system for updating policies and procedures and found:

- An annual audit process was in place that ensured policies and procedures were reviewed in a timely manner and updated to reflect the latest national best practice guidance.

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 provider had resolved the concerns for safety and responsiveness identified at our inspection on 16 October 2014, which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

The provider had resolved the concerns for safety and responsiveness identified at our inspection on 16 October 2014, which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Families, children and young people

The provider had resolved the concerns for safety and responsiveness identified at our inspection on 16 October 2014, which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Working age people (including those recently retired and students)

The provider had resolved the concerns for safety and responsiveness identified at our inspection on 16 October 2014, which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety and responsiveness identified at our inspection on 16 October 2014, which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety and responsiveness identified at our inspection on 16 October 2014, which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Lane End Medical Group

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

A CQC Lead Inspector carried out this desktop review.

## Background to Lane End Medical Group

Lane End Medical Group is based at 2 Penshurst Gardens, Edgware, Middlesex HA8 9GJ and provides GP services under a General Medical Services contract.

Lane End Medical Group is one of a number of GP practices commissioned by Barnet Clinical Commissioning Group (CCG). It has a practice list of 12,288 registered patients. The practice is in the third least deprived decile out of 10 on the national deprivation scale. The practice has a higher percentage of unemployed patients (8%) compared to the local average of 5% and national average of 4%.

The clinical team includes five GP partners and six salaried GPs. Overall there are six female GPs and five male GPs. There is one nurse practitioner, one practice nurse and one healthcare assistant. The practice is led by a practice manager and deputy practice manager and 19 non-clinical staff provide administrative, reception and secretarial support.

The practice is open during the following hours:

Monday 7.30am to 7.30pm

Tuesday 7.30am to 6.30pm

Wednesday 8.30am to 6.30pm

Thursday 8.30am to 6.30pm

Friday 8.30am to 6.30pm

Appointments are available during the following hours:

Monday 7.30am to 1pm and 2pm to 7.30pm

Tuesday 7.30am to 1pm and 2pm to 6.30pm

Wednesday 8.30am to 1pm and 2pm to 6.30pm

Thursday 8.30am to 1pm and 2pm to 6.30pm

Friday 8.30am to 1pm and 2pm to 6.30pm

Patients are directed to a nearby walk-in centre or the NHS 111 service when the practice is closed.

We had previously carried out a comprehensive inspection on 16 October 2014 where we rated the practice as requires improvement.

## Why we carried out this inspection

We undertook a comprehensive inspection of Lane End Medical Group on 16 October 2014 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on Month Year can be found by selecting the 'all reports' link for Lane End Medical Group on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up desk-based review Lane End Medical Group on 9 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.

# Detailed findings

## How we carried out this inspection

We carried out a desk-based focused inspection of Lane End Medical Group on 9 February 2017.

This involved reviewing evidence that:

- New staff underwent a structured background and pre-employment check.

- The practice had worked with the patient participation group to improve telephone access.
- Staff who acted as chaperones had an appropriate background check.
- There was a timetable in place for policy updates and audits.
- The practice had implemented a more comprehensive complaints investigation system.

Please note that when referring to information throughout this report, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

At our previous inspection on 16 October 2014, we rated the practice as requires improvement for providing safe services as the practice did not routinely ensure staff who acted as chaperones had an up to date Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. We also found that locum doctors did not always have appropriate pre-employment checks documented, such as a record of Hepatitis B immunisation.

These arrangements had improved when we undertook a desktop review on 9 February 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- The practice reported 17 significant events between January 2015 and November 2016.

- The clinical team met monthly to review significant events, their outcomes and opportunities for learning.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed significant event records and saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident in which the practice was unaware a patient receiving blood thinning medicine was not attending planned community appointments, a new protocol was established that prompted clinicians to collect further information from patients and provide support and signposting to care services where needed.

### Overview of safety systems and process

- The practice had implemented a pre-employment checklist for new staff and locum doctors. This included checks on their immunity status as well as a DBS check.
- All staff who acted as chaperones to patients had a recent, clear DBS check.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 16 October 2014 we rated the practice as requires improvement for providing responsive services as the arrangements in respect of recording, investigating and learning from complaints needed improving. We also recommended the practice continue working with the Patient Participation Group to improve telephone access to the practice.

These arrangements had improved when we undertook a desktop review on 9 February 2017. The practice is now rated as good for providing responsive services.

### Access to the service

The practice had implemented an action plan to respond to poor feedback from patients with regards to its telephone system. This included survey data that indicated only 39% of patients had found it easy to get through to the practice by phone. In response the practice:

- Changed the telephone system to allow eight callers to queue for the next receptionist.
- Implemented a dedicated telephone management rota to speed up call answering.
- Proactively encouraged patients to register for online access to reduce the pressure on the telephone system.
- The patient participation group introduced workshops to help patients understand the different access options available.
- Provided alternative online access for pharmacies to free up telephone capacity for patients.
- Increased the number of appointments available through the automated telephone system.

### Listening and learning from concerns and complaints

The practice received 11 complaints from April 2016 to March 2017.

The practice had an effective system in place for handling complaints and concerns, led by the practice manager and GP partners.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system on the practice website.

We looked at all complaints received in the last 12 months and found in each case the practice documented a review and action. This included evidence of the initial action taken in each case and what was done afterwards to improve the service. In addition, the practice conducted specific reviews when patients submitted concerns or requests. Learning was identified where the practice could improve processes or staff training. For example, when one patient was inadvertently cut off during an urgent call, staff had not tried to call them back and instead waited for the patient to try again. As a result of this complaint, reception staff were issued with new guidance to be more proactive when there were problems with telephone calls. As a result of another complaint, the patient recall procedure following abnormal test results was updated. This meant GPs tasked a designated member of staff to contact a patient to recall them to avoid delays in treatment.



# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

At our previous inspection on 16 October 2014 we rated the practice as good for providing well-led services and noted there was a need for improvement in how the practice monitored and audited clinical quality.

We found arrangements had improved when we undertook a desktop review on 9 February 2017. The practice remains good for being well-led.

### Governance arrangements

The practice had implemented an annual rolling timetable for clinical audit and quality. Between May 2015 and November 2016 this resulted in the implementation of eight full-cycle audits based on the needs of the practice population. All audits were due to be completed by July 2017 and as of February 2017, three audits had been successfully completed.