

Cornwall House 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

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as Good overall. (Previous rating 15 June 2016– Good).

At our previous inspection we rated the service as requires improvement for providing effective care (because of a lack of clinical audit) and rated it as good overall and good for providing safe, caring, responsive and well-led services.

The key questions at this inspection are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced inspection at Cornwall House Surgery on 7 February 2019 as part of our inspection programme.

At this inspection we found:

- Action had been taken since our last inspection, such that clinical audit was now being used to drive improvements in patient outcomes.
- When incidents happened, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided.
- The practice's GP patient survey feedback regarding phone access was lower than the national average but action had been taken to improve performance.

- The practice did not have a protocol in place to ensure repeat prescriptions were promptly collected although when this was highlighted, prompt action was taken to introduce such a protocol.

- Although Patient Specific Directions documents were kept on file (providing the practice's Health Care Assistant with dosage and patient assessment information) these were only being reviewed and signed by a doctor after the practice's Health Care Assistant had administered medication. When this was highlighted, the practice immediately amended its protocol.

- Staff involved and treated patients with compassion, kindness, dignity and respect.

- There was a strong focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider should make improvements are:

- Take action to improve cervical screening uptake.
- Monitor recently introduced actions aimed at improving telephone access.
- Further develop patient participation in how the service is delivered.
- Monitor recent actions aimed at improving how uncollected prescriptions are managed.
- Take action to ensure periodic fire drills take place.

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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	Good	
Working age people (including those recently retired and students)	Good	
People whose circumstances may make them vulnerable	Good	
People experiencing poor mental health (including people with dementia)	Good	

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser.

Background to Cornwall House Surgery

Cornwall House Surgery is located in Finchley in the London Borough of Barnet. The practice holds a General Medical Services contract (an agreement between NHS England and general practices for delivering general medical services). The practice provides enhanced services for example, adult and child immunisations, extended hours and facilitating timely diagnosis and support for people with Dementia.

The practice is registered with the Care Quality Commission to carry on the regulated activities of Treatment of disease, disorder or injury; Diagnostic and screening procedures, family planning; Maternity and midwifery services.

The practice has approximately 6,800 registered patients at the time of our inspection.

The staff team at the practice includes two full time partner GP's (one male and one female). The practice clinical team also includes two part time salaried GP's (female) working 9 clinical sessions a week, and one part time practice nurse (female), and one health care assistant (female). The practice has thirteen staff in its administrative team; including a practice manager and finance manager. All staff work a mix of full time and part time hours. The practice is an approved training practice for GP's.

The practice's opening hours are:

Monday 8.30am – 6.30pm (Extended hours offered between

7am-8am – GP and Nurse led)

Tuesday 8.30am – 6.30pm

Wednesday 8.30am – 1.00pm (Extended hours offered with a nurse practitioner between 7am-8am – Nurse led)

Thursday 8.30am – 6.30pm

Friday 8.30am – 6.30pm

Saturday Closed

Sunday Closed

Urgent appointments are available each day and GPs also complete telephone consultations for patients. In addition, the practice is a participant of the Pan Barnet federated GP's network a federation of local Barnet GP practice's which was set up locally to provide appointments for patients at eight local hub practice's between 8am and 8pm; providing additional access out of hours. There is also an out of hour's service provided to cover the practice when it is closed. If patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending

on their circumstances. Information on the out-of-hours service is provided to patients on the practice leaflet as well as through posters and leaflets available at the practice.

The practice's percentage of people with a long standing health conditions is below the national average (39%

compared to 51%). At 83 years, male life expectancy is above than the England average of 79 years. At 85 years, female life expectancy is above the England average of 83 years

Are services safe?

We rated the practice as requires improvement for providing safe services.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a 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.

Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.

The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.

There was an effective system to manage infection prevention and control.

The practice had arrangements to ensure that facilities and equipment were safe and in good working order.

Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.

There was an effective induction system for temporary staff tailored to their role.

The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.

Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.

When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

The care records we saw showed that information needed to deliver safe care and treatment was available to staff.

The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

We looked at systems in place for the appropriate and safe handling of medicines.

The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.

The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.

Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Although Patient Specific Directions (PSDs) documents were kept on file (providing the practice's Health Care Assistant with dosage and patient assessment information) these were only being reviewed and signed by a doctor after the Health Care Assistant had administered medication. When this was highlighted, the practice told us it would immediately amend its protocols so that to ensure that a doctor reviewed dosage and patient assessment information prior to medication being administered. Shortly after our inspection we were sent a copy of the amended protocol.

The practice did not have a protocol in place to ensure repeat prescriptions were promptly collected. We noted

Are services safe?

approximately 25 prescriptions awaiting collection, the oldest of which was dated July 2018. We were advised that the practice would immediately review these prescriptions and contact patients. Shortly after our inspection we were sent a copy of the practice's new protocol.

Track record on safety

The practice had a good track record on safety.

There were comprehensive risk assessments in relation to safety issues.

The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.

The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the evidence tables for further information.

Are services effective?

When we inspected in 2016, we rated the practice as requires improvement for providing effective services because of high 'exception reporting' and an absence of quality improvement activity.

Exception reporting is the process of excluding specific patients from data collected to calculate Quality and Outcomes Framework (QOF) achievement scores and takes place for various reasons, for example if patients do not attend appointments.

At this inspection we saw action had been taken, such that the practice and all the population groups were rated as good for providing effective services.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.

Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.

The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

Staff who were responsible for reviews of patients with long term conditions had received specific training.

GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.

Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.

The practice could demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).

The practice's performance on quality indicators for long term conditions was in line with local and national averages.

Families, children and young people:

Childhood immunisation uptake rates were above the target percentage of 90%.

The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

The practice's uptake for cervical screening was 62%, which was below the 80% coverage target for the national screening programme.

The practice's uptake for breast and bowel cancer screening was above the local CCG average and in line with the national average.

The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

Are services effective?

Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.

The practice held a register of patients living in vulnerable circumstances including homeless people, survivors of domestic violence and those with a learning disability.

The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

The practice assessed and monitored the physical health of people with mental illness, severe mental illness and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.

When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.

Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

The practice offered annual health checks to patients with a learning disability.

The practice's performance on quality indicators for mental health was above local and national averages.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

When we inspected in 2016, we rated the practice as requires improvement for providing effective services because of high exception reporting and an absence of quality improvement activity.

At this inspection we saw evidence that two cycle clinical audits were being used to drive quality improvement (for example, regarding prescribing of anti-coagulant medication). We noted that exception reporting was still relatively high (with for example, the practice exception reporting 19% of patients with diabetes compared with the 8% national average). However, leaders attributed this to a large cohort of patients who did not attend appointments because they spent extensive periods of time abroad. We noted the exception reporting process had taken place in accordance with best practice guidelines.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.

Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.

There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

We saw records that showed all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.

Are services effective?

The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.

Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

The practice ensured end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.

Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.

Staff discussed changes to care or treatment with patients and their carers as necessary.

The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

Clinicians understood the requirements of legislation and guidance when considering consent and decision making.

Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

The practice monitored the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Feedback from patients was positive about the way staff treat people.

Staff understood patients' personal, cultural, social and religious needs.

The practice gave patients timely support and information.

The practice's GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified carers and supported them.

The practice's GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.

Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as good for providing responsive services .

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

The practice understood the needs of its population and tailored services in response to those needs.

Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

The facilities and premises were appropriate for the services delivered.

The practice made reasonable adjustments when patients found it hard to access services.

The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.

Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.

The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

There was a medicines delivery service for housebound patients.

People with long-term conditions:

Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.

The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.

All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments.

People whose circumstances make them vulnerable:

The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.

People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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

Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

Patients had timely access to initial assessment, test results, diagnosis and treatment.

Are services responsive to people's needs?

Waiting times, delays and cancellations were minimal and managed appropriately.

Patients with the most urgent needs had their care and treatment prioritised.

Patients reported that the appointment system was easy to use.

The practice's GP patient survey results were generally in line with local and national averages for questions relating to access to care and treatment although patient feedback on ease of getting through to the practice by phone was 49% (compared to the 70% national average). Leaders were aware of performance in this area and had taken action (such as appointing a new reception manager and allocating additional administrative staff during peak periods).

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.

The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Are services well-led?

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, care.

There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.

Staff were aware of and understood the vision, values and strategy and their role in achieving them.

The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.

The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

The practice focused on the needs of patients.

Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.

There was a strong emphasis on the safety and well-being of all staff.

The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.

There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.

Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control

With the exception of protocols relating to Patient Specific Directions and repeat prescriptions, practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.

Are services well-led?

The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.

Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.

The practice had plans in place and had trained staff for major incidents.

The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

The practice used performance information which was reported and monitored and management and staff were held to account.

The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.

The practice used information technology systems to monitor and improve the quality of care.

The practice submitted data or notifications to external organisations as required.

There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.

The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

There was a focus on continuous learning and improvement.

Staff knew about improvement methods and had the skills to use them.

The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.