

# Rutland 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	Requires Improvement	
Are services safe?	Inadequate	
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 inspection at Rutland House Surgery on 11 May 2022. Overall, the practice is rated as requires improvement.

Safe - Inadequate

Effective – Requires improvement

Caring – Good

Responsive - Good

Well-led – Requires improvement

## **Why we carried out this inspection:**

This was a comprehensive inspection as part of our inspection programme. This was our first inspection of this location since it had changed providers in August 2020.

## **How we carried out the inspection:**

Throughout the pandemic CQC has continued to regulate and respond to risk. However, considering the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections.

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 provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A short site visit

## **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 provider, patients, the public and other organisations.

## **We have rated this practice as Requires Improvement.**

We found that:

# Overall summary

- Patients on high risk medications were not always monitored appropriately.
- The practice did not have an effective system to implement medication reviews and patient safety alerts. Some patients who had long term conditions had not received their blood tests and reviews in a timely manner.
- There was no effective oversight of risks, such as protecting staff and patients from legionella and fire safety.
- The practice did not stock all the required emergency medication.
- The practice was not appropriately monitoring the temperature of the vaccine fridge in the branch site.
- There were concerns regarding the security of the administrative office on the first floor, which had an unlocked door easily accessible by tenants in the building.
- There were concerns regarding the infection prevention and control policy and the privacy screens in the branch site not being properly maintained.

## **The area where the provider must make improvements are:**

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

## **The areas where the practice should make improvements are:**

- Improving efforts to increase uptake of childhood immunisations and cancer screening to meet World Health Organisation (WHO) and national targets.

## **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

## Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location. A second CQC inspector assisted on the day of the site visit.

## Background to Rutland House Surgery

Rutland House Surgery is in Muswell Hill, Haringey and is part of the NHS England Haringey Clinical Commissioning Group (CCG). The practice provides care to approximately 11,200 patients and the practice area has a deprivation score of 7 out of 10 (1 being the most deprived). Rutland House Surgery cares for a diverse population (with 26% of its population from Black, Asian or mixed background).

Rutland House Surgery merged with Queens Avenue Practice in May 2021. The patient list size for the practice increased from 7,000 patients to 11,000 patients. The practice offers services from both the main practice and the branch surgery. Patients can access services at either surgery. The sites are located a 10-minute walk away from each other. The practice is planning to redevelop the Rutland House Surgery site so all staff and patients can operate from one location. The practice had been working with the CCG to redevelop the site but it was still not clear when the new premises would be built and progress on implementing the plans had been limited by various external factors beyond the practice's control such as difficulties caused by the pandemic.

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 a GP contract.

The practice is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury and surgical procedures. These are delivered from both sites.

The practice team consists of two principal GP's, six part time salaried GP's, three locum GP's and 2 part-time practice nurses. They also have 2 part-time PCN pharmacists working at the practice. The clinical team is supported by a practice manager, two administrators, a senior receptionist and six dedicated support staff members responsible for reception tasks. The practice's opening hours are 8:00am to 8:00pm Mondays and Tuesdays and 8:00am to 6:30pm Wednesday to Friday. The practice offers a range of appointment types including book on the day, online consultations, telephone consultations and advance appointments.

Extended access is provided locally by Haringey Hub, where late evening and weekend appointments are available. Out of hours services are provided by dialling 111 for assistance.

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 Family planning services Maternity and midwifery services Treatment of disease, disorder or injury Surgical procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• There was inadequate oversight of the monitoring of high-risk drugs, drug safety alerts, medication reviews and management of long-term illnesses.</li><li>• There was inadequate oversight of safe systems in place in relation to fire risk assessments, legionella risk assessments, premises and security, the practice's infection control policy, the stocking of emergency medicines and the safe management of vaccines.</li></ul> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

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 were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• There was inadequate management of medicines that required regular monitoring.</li><li>• There were inadequate systems in place for actioning MHRA alerts.</li><li>• There were insufficient systems to ensure the safe management of people with long term conditions.</li><li>• There was unsafe management of vaccines. We found the branch site was not safely monitoring the temperature of the vaccine fridge.</li><li>• There were inadequate systems in place to ensure the practice stocked all recommended emergency medication. We found the practice did not stock Dexamethasone or Diclofenac across both sites. The branch site did not stock Chlorphenamine and Hydrocortisone.</li><li>• There were ineffective systems in place to protect staff and patients from risks of legionella and fire safety. Risk assessments of legionella and fire safety were overdue.</li><li>• We found there were concerns regarding the security and premises of the practice.</li></ul> <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>