

Dover House Surgery

Quality Report

1 Dover House

Edmonton

Enfield

N18 1HR

Tel: 02088071888

Website: www.doverhousesurgery.nhs.uk

Date of inspection visit: 16 May 2017

Date of publication: 15/06/2017

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 effective?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	5

Detailed findings from this inspection

Our inspection team	6
Background to Dover House Surgery	6
Why we carried out this inspection	6
How we carried out this inspection	6

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dover House Surgery on 9 August 2016. The overall rating for the practice was good, however the effective domain was rated requires improvement. The full comprehensive report on the Month Year inspection can be found by selecting the 'all reports' link for Dover House Surgery on our website at www.cqc.org.uk.

This inspection was an announced desk-based review carried out on 16 May 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 9 August 2016. 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 overall including the effective domain.

Our key findings were as follows:

- There was a system in place for staff appraisals which included a comprehensive procedure; all staff were up to date with appraisals.

- There was a schedule of clinical audits which included two completed audits and a comprehensive clinical audit protocol policy.
- There was system in place to identify, record and provide support for carers. The number of carers recorded had increased to one percent of the patient population.
- The system for managing long term conditions and improving outcomes for patients suffering from mental health has been reviewed and significant increases in performance were achieved.
- Fire safety drills were carried out every six months, the most recent drill was completed in March 2017.
- Practice staff had been trained to use the defibrillator and there was an easy to read instruction guide available to all staff.

At our previous inspection on 9 August 2016, we rated the practice as requires improvement for providing effective services as there were no completed clinical audits, not all staff had been appraised and outcomes for patients with long-term conditions and mental health issues required improvement. At this inspection we found that the practice had a comprehensive system in place for clinical audits which included two completed audits within the last 12 months. We also found that the practice

Summary of findings

had updated and improved the appraisal system and all staff have been appraised within the last 12 months. We found that outcomes for patients with long-term conditions and those with mental health issues had

improved. For example, patients with mental ill health who had a recorded care plan within the last 12 months had increased by 25% since our inspection in August 2016.

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 effective?

The practice is rated as good for providing effective services.

- There was evidence of appraisals and personal development plans for all members of staff.
- There was evidence of completed clinical two cycle audits demonstrating quality improvement.
- Data from the Quality and Outcomes Framework (QOF) showed improvements to patient outcomes had been made for patients with long-term conditions and mental ill health.

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 practice is rated as good for the care of older people. As the practice was found to be providing good services overall, this did not affect the rating for the population group we inspect against.

Good



People with long term conditions

The practice is rated as good for the care of people with long term conditions. As the practice was found to be providing good services overall, this did not affect the rating for the population group we inspect against.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. As the practice was found to be providing good services overall, this did not affect the rating for the population group we inspect against.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students). As the practice was found to be providing good services overall, this did not affect the rating for the population group we inspect against.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. As the practice was found to be providing good services overall, this did not affect the rating for the population group we inspect against.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health. As the practice was found to be providing good services overall, this did not affect the rating for the population group we inspect against.

Good



Dover House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to Dover House Surgery

The Dover House Surgery practice is located in Edmonton, North London within the NHS Enfield Clinical Commissioning Group. The practice holds a General Medical Services contract (an agreement between NHS England and general practices for delivering primary care services to local communities). The practice provides a full range of enhanced services including childhood vaccination and immunisation, extended hours access, facilitating timely diagnosis and support for people with dementia, influenza and pneumococcal, minor surgery, rotavirus and shingles Immunisation and unplanned admissions.

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, and maternity and midwifery services. The practice had a patient list size of 4,665 at the time of our inspection. The staff team at the practice included two GP partners (males), one regular GP locum (female), two practice nurses (females) and two part-time practice managers which equates to one full-time equivalent practice manager. The practice had six administrative staff. There were 17 GP sessions and six nurse sessions available per week.

The practices opening hours are:

- Monday to Friday from 8.00am to 6.30pm

Appointments with GPs are available at the following times:

- Monday from 9.00am to 12.00pm and 3.30pm to 6.30pm
- Tuesday from 8.30am to 12.00pm and 4.30pm to 6.30pm
- Wednesday from 8.30am to 12.00pm and 2.00pm to
- Thursday from 8.30am to 12.00pm and 3.30pm to
- Friday from 8.30am to 12.00pm and 4.30pm to 6.30pm

Extended hour appointments are available:

- Tuesday and Thursday from 6.30pm to 7.30pm

Walk-in clinic:

- Monday to Friday from 9.00am to 11.00am

Outside of these times patients are diverted to NHS 111 and referred to the out of hour's provider if required. To assist patients in accessing the service there is an online booking system, and a text message reminder service for scheduled appointments. Urgent appointments are available daily and GPs also complete telephone consultations for patients.

Why we carried out this inspection

We undertook a comprehensive inspection of Dover House Surgery on 9 August 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good with a requires improvement rating for the effective domain. The full comprehensive report following the inspection on 9 August 2016 can be found by selecting the 'all reports' link for Dover House Surgery on our website at www.cqc.org.uk.

Detailed findings

We undertook a follow up desk-based focused inspection of Dover House Surgery on 16 May 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.

How we carried out this inspection

We carried out a desk-based focused inspection of Dover House Surgery on 16 May 2017. This involved reviewing evidence that:

- All staff were appraised on annual basis.
- An ongoing clinical audit plan had been implemented.
- Recommendations identified in the inspection on 9 August 2016 had seen improvements.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 9 August 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of clinical audits and staff appraisal needed improving.

These arrangements had significantly improved when we undertook a follow up inspection on 16 May 2017. The practice is now rated as good for providing effective services.

Management, monitoring and improving outcomes for people

When we inspected in August 2016, we found that there was no programme of clinical audits in place and no completed two cycle audits. This meant that the practice was unable to provide us with assurance that a continuous programme of clinical audits was being used to identify improvements in clinical care.

The practice has implemented a clinical audit programme which included the completion of three audits within the next 12 months. There was a protocol in place that clinical audits must follow along with audit templates to ensure each audit was of the same standard.

We saw evidence of two completed audits at the time of our inspection that identified quality improvement. For example, a recent audit on vitamin D deficiency was conducted. The audit found that by focusing on patients at risk for this deficiency and providing guidance on how to maintain healthy levels of vitamin D a total of 111 out of 148 patients were able to improve their vitamin D level without supplements. The remaining 37 patients identified were advised prescribed supplements to increase their level of vitamin D.

Effective staffing

When we inspected in August 2016, we found that the practice nurse had not been appraised within the last 12 months. Following the inspection the practice developed a system to monitor appraisals for every member of staff. We saw evidence that all staff have now been appraised, including the practice nurse. The appraisal system indicated when each member of staff needed an appraisal to ensure every member is appraised once within a 12 month period.