

# Langstone Way Surgery

## Inspection report

28 Langstone Way  
London  
NW7 1GR  
Tel: 02083432401  
[www.langstonewaysurgery.nhs.uk](http://www.langstonewaysurgery.nhs.uk)

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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

Inspected but not rated



Are services safe?

Inspected but not rated



# Overall summary

We carried out an announced inspection of Langstone Way Surgery on 28 June and 4 July 2022. We have not revised the ratings from our previous inspection, which remain:

Overall, the practice is rated as Requires improvement.

The ratings for each key question are:

Safe - Inadequate

Effective - Requires improvement

Caring - Good

Responsive – Requires improvement

Well-led – Requires improvement

The full report of our previous inspection on 21 February 2022 can be found on our website at: <https://www.cqc.org.uk/location/1-540666441/reports>

At our previous inspection we identified concerns over monitoring of patients prescribed high-risk medicines. Additionally, we found that Medicines and Healthcare products Regulatory Agency (MHRA) alerts were not always actioned appropriately by the practice and GPs were not always communicating potential risks to affected patients who were prescribed such medicines. Also, there were a number of outstanding items that required actioning following a fire risk assessment completed by an external contractor in November 2021 and an undated infection prevention and control (IPC) audit submitted by the practice during inspection on 21 February 2022 highlighted concerns regarding sharps disposal protocols. We also found the practice did not have an effective system in place to ensure that GP workflow was monitored appropriately during periods of absence.

We served a Warning Notice under Section 29 of the Health and Social Care Act 2008 in relation to breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a Requirement Notice in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The practice told us it had taken immediate steps to address our concerns and subsequently sent us a plan of the actions taken.

## Why we carried out this inspection

We carried out this focused inspection on 28 June and 4 July 2022 looking at the identified breaches set out in the Regulation 12 Warning Notice, under the key question Safe, and to review the action taken by the practice. Whilst we found that the practice had taken a number of steps to rectify the concerns we found at the previous inspection on 21 February 2022, there remained ongoing concerns regarding the practice's monitoring of patients who were prescribed high-risk medicines. We did not review the Regulation 17 Requirement Notice and have not revised ratings for the practice. We will consider those issues when we carry out a further follow up inspection in due course.

## How we carried out the inspection

# Overall summary

Throughout the pandemic, the Care Quality Commission (CQC) has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

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:

- A site visit on 28 June 2022 to review actions taken by the practice in response to the fire risk assessment completed by an external contractor, as well as reviewing the management of waste (in particular, sharps disposal);
- A remote clinical review of patients' records and the clinical correspondence system on 4 July 2022, and discussion between the lead GPs and a CQC GP specialist advisor (GP SpA) regarding actions taken in response to the Warning Notice.

## 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 practice, patients, the public and other organisations.

We found that:

- The practice had completed the required monitoring of patients prescribed warfarin and ensured that they were routinely checking internalised normalised ratio (INR) levels prior to issuing a new prescription. A patient's INR is calculated by obtaining a blood sample and is a measurement of how quickly a patient's blood clots. When prescribing medicines that have blood thinning properties, it is vital that these doses are calculated correctly using a patient's INR to prevent excessive bleeding. Regular monitoring and reviewing helps to ensure that the patient receives the correct therapeutic dose. However, the practice did not always appropriately monitor all patients who were prescribed high-risk medicines. In particular, patients who were prescribed mirabegron (a high-risk medicine prescribed for patients with an overactive bladder) did not always receive the appropriate monitoring.
- Action had been taken since our last inspection such that the practice had identified and contacted all patients prescribed Sodium-Glucose Co-Transporter-2 (SGLT-2) inhibitors to warn them of the potential associated risk of Fourniere's gangrene (a form of potentially fatal necrotising fasciitis that affects the genital, perineal or perianal regions of the body). SGLT-2 inhibitors are a medication used to treat patients with type 2 diabetes. Additionally, the practice had introduced a prompt to their clinical records system, which alerted the GP to the potential risks of SGLT-2 inhibitors and to remind them to provide the patient with appropriate information in relation to these risks. The practice had made changes to the title of the information leaflet given to patients prescribed SGLT-2 inhibitors so that this was more easily located for locum GPs.
- The practice had actioned a number of items from the fire risk assessment, which was completed by an external contractor in November 2021. However, the provider was unable to provide assurance fire extinguishers had been serviced within the last 12 months.

# Overall summary

- Action had been taken since our last inspection such that the practice was able to demonstrate that they stored sharps appropriately, and the storage of sharps boxes was kept in a designated locked area to await collection. Additionally, the practice also provided evidence of a dated IPC audit which had been completed following our previous inspection on 21 February 2022.
- Action had been taken since our last inspection such that the GPs at the practice had adopted a buddy system for checking other GP's inboxes. This was completed daily, regardless of whether the other GP was at work, to ensure nothing in their workflow was missed. We did not see evidence of any outstanding correspondence in any GP mailbox on the clinical records system which was overdue.

We shall programme a further inspection in due course to check and confirm the changes made have been fully established.

We found one breach of regulations. The provider **must**:

- Ensure that care and treatment is provided in a safe way.

In addition to the above, the practice **should**:

- Ensure all fire extinguishers are serviced on a yearly basis.

**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 comprised of a CQC lead inspector and a GP specialist advisor.

## Background to Langstone Way Surgery

Langstone Way Surgery is located at 28 Langstone Way, Barnet, London, NW7 1GR. The practice is situated a short walking distance from Mill Hill East underground station and is also accessible on several local bus routes.

The practice is registered with the CQC to provide the Regulated Activities: Diagnostic and screening procedures; Maternity and midwifery services; Treatment of disease, disorder or injury.

The practice is part of the North Central London Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 9000.

Information published by Public Health England report deprivation within the practice population group as 8 on a scale of 1 to 10. Level one represents the highest levels of deprivation and level 10 the lowest. The practice population is predominantly from either a white (59.2%) or Asian (21%) background.

There is a team of seven GPs who work at the practice (two males and five females), with the two male GPs as partners. The practice has four nurses (all female), three of whom are trained as advanced nurse practitioners. The GPs are supported by a team of ten reception/administration staff. The practice manager provides managerial oversight. The practice has additional support from colleagues within the Primary Care Network (PCN), including pharmacists, social prescribers, a physiotherapist and a care co-ordinator.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations. If the GP needs to see a patient face-to-face then the patient is offered an appointment at the practice.

Extended hours access is provided by the practice on Tuesday evenings, where pre-bookable later evening appointments are offered between 6:30pm – 7:30pm. In addition, patients have access to out of hours appointments from 6:30pm – 9:00pm Monday to Friday and 8:00am – 9:00pm at weekends and bank holidays under an extended hours service provided by the CCG and operated at several GP practices in Barnet.

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 Treatment of disease, disorder or injury Maternity and midwifery services	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Care and treatment must be provided in a safe way for service users</b></p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>From our review of patients' records, we found that the practice was not always reviewing patients' blood pressure prior to prescribing a high risk medicine (mirabegron). Additionally, the practice was not always monitoring patients' blood pressure at regular intervals to ensure the medicine was safe to continue prescribing.</li></ul> <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>