

Green Cedars Medical Services

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 effective?

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 Green Cedars Medical Services on 16 August 2016. The overall rating for the practice was good, however the effective domain was rated as requires improvement. The full comprehensive report on the August 2016 inspection can be found by selecting the 'all reports' link for Green Cedars Medical Services on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 3 August, 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulation that we identified in our previous inspection on 16 August, 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice rating remains as good, the practice is now rated good for providing effective services.

Our key findings were as follows:

- Exception reporting rates had decreased significantly since the inspection on 16 August 2016. Exception reporting is the removal of patients from quality and

outcomes framework (QOF) calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

- Clinical audits were used to drive improvement in patient outcomes.
- All staff at the practice completed fire safety training.
- All screens used in clinical rooms were visibly clean and were included on the daily cleaning schedule.
- Prescription pads were kept in a secure area and all serial numbers were recorded on a log maintained by the practice manager.
- Comprehensive infection control audits were completed two to three times per year.
- Carers were identified through new patient registration forms, posters in reception and clinical consultations. The number of carers identified was less than one percent of patients registered at the practice. The practice told us this was in relation to their young patient population. For example, the number of patients at the practice aged 60 years or older is significantly lower than the national average.

At our previous inspection on 16 August 2016, we rated the practice as requires improvement for providing

Summary of findings

effective services as exception reporting was much higher than local and national averages. At this inspection we found that the exception reporting rate had decreased significantly. The practice is now rated as good for providing effective services.

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.

- Exception reporting at the practice had decreased significantly following ongoing action by the practice to review patients with long term conditions. Exception reporting is the removal of patients from quality and outcomes framework (QOF) calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects

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 groups 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 groups 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 groups 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 groups 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 groups 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 (including people with dementia). As the practice was found to be providing good services overall, this did not affect the rating for the population groups we inspect against.

Good



Green Cedars Medical Services

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector and included a GP Specialist Advisor.

Background to Green Cedars Medical Services

The Green Cedar Medical Centre 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, improving patient online access, influenza and pneumococcal, minor surgery, risk profiling and case management, and rotavirus and shingles immunisation.

The practice population is in the second most deprived decile in England. The practice population has a greater than average percentage of working age people between the ages of 25-39 years, with a lower than average population of people aged 60 years or older. The practice had surveyed the ethnicity of the practice population and had determined that 5% of patients identified themselves as having Black British ethnicity, 5% White British, 4% Other British, 18% Turkish, 30% Other White, 14% African, 5% Other Black and 19% as having mixed or other ethnicity.

The practice is registered with the Care Quality Commission to carry on the regulated activities of family planning, surgical procedures, treatment of disease, disorder or injury, and maternity and midwifery services, diagnostic and screening procedures. The practice had a patient list size of 6,369 at the time of our inspection. The staff team at the practice included one Principal GP (male), one salaried GP (female) and two regular locum GPs (one female, one male) one practice nurse (female), one healthcare assistant (female) and one practice manager. The practice had five administrative staff and one security guard. There were 19 GP sessions and five nurse sessions available per week.

The practices opening hours are Monday to Friday from 9.00am to 6.00pm (with the exception of first Thursday of each month when the practice closes at 1.00pm for staff training). Outside of these times patients are seen by a local out of hours provider.

Appointments with GPs are available at the following times:

- Monday to Friday from 9.00am to 1.00pm and 3.00pm to 6.00pm (with the exception of the first Thursday of each month when appointments are available from 9.00am to 1.00pm)

The practice telephone lines are open:

- Monday to Friday from 8.30am to 1.00pm and 2.00pm to 6.30pm

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.

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Green Cedars Medical Services on 16 August 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing effective services. The full comprehensive report following the inspection on August 2016 can be found by selecting the 'all reports' link for Green Cedars Medical Services on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Green Cedar Medical Services on 3 August 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 an announced focused inspection of Green Cedars Medical Services on 3 August 2017. This involved reviewing evidence that:

- The practice used clinical audits to identify quality improvement.
- The practice reviewed exception reporting for patients with long term conditions.
- Staff were up to date with fire safety training.
- There was a system in place to monitor blank prescription pads.
- The practice offered support to carers and systems were in place to identify carers.
- Infection control audits were carried out and action was taken for any issues identified.
- Screens used in clinical rooms were added to the cleaning schedule.

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 16 August 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of above average exception reporting for patients with long term conditions required clinical review.

These arrangements had significantly improved when we undertook a follow up inspection on 3 August 2017. The practice is now rated as good for providing effective services.

Management, monitoring and improving outcomes for people

When we inspected the practice in August 2016 we found that the practice was not an outlier for any QOF (or other national) clinical targets, however the exception reporting rate for most clinical domains was significantly higher than both the local and national average. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. An example of high exception reporting was related to diabetes, data from 2014/15 showed that the percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months was 91% (exception reporting rate of 28%) compared to the CCG average of 74% and the national average of 78%. The exception reporting rate for diabetes overall was 20% compared to the local average of 8% and the national average of 11%.

Following the inspection on 16 August 2016 the practice took the following action to review the exception reporting rate for patients with long term conditions.

- Early recalls – the practice planned to begin formal recalls of patients with long term conditions from the second quarter of the financial year. This would help to reach patients who are abroad for most of the winter months when recalls usually take place.
- Adherence to exception criteria - the practice continued to adhere to the quality and outcomes framework in relation to exception reporting.

- Monthly data reviews – the practice continued to carry out monthly reviews of patients with long term conditions to ensure that exception reporting remains clinically appropriate for individual patients.
- Lead Clinician – the practice designated one clinician with the responsibility of entering exceptions reports to ensure a uniform approach in interpreting the guidelines of the quality and outcomes framework.
- List cleansing – the practice reviewed patients with long term conditions and removed from the practice list, following due notification, if the patients had not been seen or responded to recalls in two or more years.

At the inspection on 3 August 2017 we spoke to the Principal GP about the action taken to review exception reporting rates. We were told that the rates had improved following the action taken. The Principal GP told us list cleansing was a prime factor in reducing the exception reporting rate as the practice was located in an area with a transient patient population.

The practice provided evidence of improved exception reporting rates for the QOF year 2016/17 (this data was unvalidated and unpublished at the time of our inspection). The action taken by the practice to review exception reporting for patients with long term conditions resulted in significant reductions across several indicators. We have included the published QOF data from 2014/15 and 2015/16 for comparison below.

Exception reporting for diabetes:

- 2016/17 – 4%
- 2015/16 – 26%
- 2014/15 – 20%

Exception reporting for mental health:

- 2016/17 – 2%
- 2015/16 – 19%
- 2014/15 – 13%

Exception reporting for hypertension:

- 2016/17 – 1%
- 2015/16 – 16%
- 2014/15 – 10%

Are services effective?

(for example, treatment is effective)

Exception reporting for dementia:

- 2016/17 – no exceptions reported
- 2015/16 – 9%
- 2014/15 – 15%

Exception reporting for coronary heart disease:

- 2016/17 – no exceptions reported
- 2015/16 – 19%
- 2014/15 – 15%