

# Staunton Group Practice

## Inspection report

3-5 Bounds Green Road  
London  
N22 8HE  
Tel: 0203805730  
[www.morumhouse.nhs.uk](http://www.morumhouse.nhs.uk)

Date of inspection visit: 28 September 2022  
Date of publication: 15/11/2022

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?		Good	
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 comprehensive inspection of the Staunton Group Practice (the practice) involving a site visit on 28 September 2022. The service is operated by the Hurley Clinic Partnership (the provider).

## **Overall, the practice is rated as Requires improvement.**

Safe - Good

Effective - Requires improvement

Caring - Good

Responsive - Good

Well-led - Requires improvement

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

We carried out this inspection in line with our inspection priorities. It was the first comprehensive inspection following the service being registered on 28 January 2022, the provider having taken over the service in November 2021.

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

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.
- Completing remote clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A site visit.
- Seeking feedback from staff by CQC questionnaires.

## **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.
- Information from the provider, patients, the public and other organisations.

We found that:

- People were at risk of not receiving effective care or treatment. We identified a number of patients whose monitoring, reviews and testing was not in accordance with established good practice guidelines.
- Staff satisfaction was mixed. Staff did not always feel actively engaged or empowered.
- People were protected from avoidable harm and abuse.

# Overall summary

- People are supported, treated with dignity and respect, and are involved as partners in their care.
- People's needs are met through the ways services are organised and delivered.

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

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

In addition, the provider **should**:

- Continue working to improve the uptake of childhood immunisations and cervical cancer screening.
- Continue working to improve patient satisfaction relating to Caring and Responsive aspects of the service.
- Continue working to engage, involve and empower members of staff.
- Continue working to fully engage with the Patient Participation Group.

**Details of our findings and the evidence supporting our ratings are set out in the evidence tables.**

**Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

## 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 with a nurse specialist advisor. The team included a GP specialist advisor who completed clinical searches and records reviews and interviewed clinical staff without visiting the location.

## Background to Staunton Group Practice

The Staunton Group Practice (the practice) operates at Morum House Medical Centre, 3-5 Bounds Green Road, London N22 8HE.

The service is provided by Hurley Clinic Partnership (the provider) which operates 14 other practices and services around London. The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury.

The practice operates as part of the North Central London Integrated Care System (ICS) and delivers Alternative Provider Medical Services (APMS) contract held with NHS England to a patient population of 12,846, as at 1 August 2022. The practice is part of a network of five GP practices comprising the East Central Haringey Primary Care Network (PCN).

Details of the service can be found on the practice website: [www.morumhouse.nhs.uk](http://www.morumhouse.nhs.uk)

Information published by Public Health England shows that deprivation within the practice population group is in the third lowest decile (three of 10). The lower the decile, the more deprived the practice population is relative to others. According to the latest available data, the ethnic make-up of the practice area is 57% White, 18% Black, 13% Asian, 6% Mixed, and 5% Other. We were told 30% of the patients on the practice list had English as a second language, the majority of these being of Turkish, Bulgarian and Hungarian backgrounds. There are slightly more male patients registered at the practice than females. The age distribution of the practice population is similar to local and national averages.

The clinical team is made up of one partner GP, two associate partners and a salaried GP, together with six sessional GPs from the provider's bank staff. There is a salaried practice nurse, three sessional advanced nurse practitioners, a physiotherapist and a health care assistant. The practice has four clinical pharmacists, one of whom works across the four practices in the PCN. The administrative team comprises the practice manager and assistant, three medical administrators, a prescription clerk and 10 reception staff.

The practice is open between 8:00 am to 6:30 pm Monday to Friday. It offers a range of appointment types which are available throughout the day, including same day, telephone consultations and advance appointments.

Extended access services are provided at two PCN locations, where late evening and weekend appointments are available: Monday to Friday from 6:30pm to 8:30pm and at weekends from 8:00am to 8:00pm. Appointments are bookable by contacting the practice or calling the Extended Hours Hub on 0330 053 9499.

Between 1 October 2022 and 31 March 2023 an additional Enhanced Access Service, operated by the local GP Federation, will be available at seven locations, details of which are set out on the following website –

[www.haringeygpfederation.co.uk/enhanced-access-service](http://www.haringeygpfederation.co.uk/enhanced-access-service)

Patients can access the local Out of Hours service by calling NHS111.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	
Maternity and midwifery services	During our remote clinical records search, we identified a number of patients whose monitoring, reviews and testing was not in accordance with established good practice guidelines.
Surgical procedures	The provider took immediate action to address this and introduced systems and processes to prevent recurrence.
Treatment of disease, disorder or injury	These changes need to be monitored and become embedded in practice.