

Langstone Way Surgery

Inspection report

28 Langstone Way
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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?

Requires Improvement



Are services effective?

Requires Improvement



Are services caring?

Requires Improvement



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Inadequate



Overall summary

We carried out an announced comprehensive inspection at Langstone Way Surgery on 21 August 2023. Overall, the practice is rated as Requires improvement.

The ratings for each key question are:

Safe – Requires improvement

Effective – Requires improvement

Caring – Requires improvement

Responsive – Requires improvement

Well-led – Inadequate

Following our previous inspection on 21 February 2022, the practice was rated Requires improvement overall and for the effective, responsive and well-led key questions. The practice was rated inadequate for providing safe services and good for providing caring services.

The practice was served a warning notice under Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a requirement notice under Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We completed a warning notice follow-up visit on 28 June 2022. During this visit, we found that the items listed above had been actioned accordingly and therefore the warning notice had been met.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for Langstone Way Surgery on our website at www.cqc.org.uk

Why we carried out this inspection

This comprehensive inspection was carried out to follow up on the issues noted previously, when we found the practice did not have effective systems and processes to ensure:

- Care and treatment were being provided in a safe way.
- Good governance, in accordance with the fundamental standards of care.

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

Overall summary

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 overall**.

We found that:

- The health and safety risk assessment completed by the practice highlighted that a legionella risk assessment was due in January 2023. However, this had not been completed. Following inspection, we saw this had been booked for 27 September 2023.
- Portable appliance testing had not been completed within the expected time period, by June 2023. However, we saw that this had been booked for 30 August 2023.
- Equipment calibration had not been completed within the expected time period, by 9 August 2023. However, we saw that it had been booked for 7 September 2023.
- There was no formalised process in place for managing GP workflow during times of absence.
- The practice did not always monitor patients who were prescribed medicines for long-term conditions.
- The practice had a policy and system in place to manage Medicines and Healthcare products Regulatory Agency (MHRA) safety alerts; however, this was not fully effective.
- The practice mostly completed single-cycle audits. The limited two-cycle audits that we saw did not have a clear aim as to the purpose they served and whether any improvements happened as a result.
- Some staff we spoke with did not feel senior management were visible or fully effective in their approaches to leadership.
- Not all of the staff were able to name the safeguarding lead at the practice. Additionally, some staff did not know where to access the practice safeguarding policy.
- Despite efforts made by the practice to address issues regarding access to GP appointments, this remained an ongoing issue, and patients remained dissatisfied with the experience of obtaining appointments.
- The practice reported they took actions in response to patient feedback. However, it was not fully clear whether these changes had a positive impact as feedback and survey results did not reflect positive patient experiences.
- The practice implemented a system to highlight the most vulnerable patients and stratified these patients into either Gold, Silver or Bronze access.
- The practice had a Patient Participation Group (PPG); however, the practice reported that membership was low.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Amend prescribing intervals when appropriate monitoring has not been completed.
- Develop a system to include different options to contact patients in relation to medicines monitoring.
- Ensure appropriate reviews and appraisals are available in staff personnel files.

Overall summary

- Retain copies of DNACPRs on patient records.
- Review the current system in place to ensure the correct appointment type is made for patients based on individual clinical need and past medical history.

A final version of this report, which we will publish in due course, will include full information about our regulatory response to the concerns we have described.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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 Health 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 second CQC inspector and a GP specialist advisor who spoke with staff and completed clinical searches and records reviews during a site visit.

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 Integrated Care Board (ICB) and delivers General Medical Services (GMS) to a patient population of about 8900.

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 3 GPs who work at the practice, with 2 GPs as partners (one of whom is currently in the process of retiring). The practice has 2 physician associates and 2 nurses, one of whom is trained as an advanced nurse practitioner. The GPs are supported by a team of 8 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, health and wellbeing coaches, 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 – 9pm Monday to Friday and 8am – 9pm at weekends and bank holidays under an extended hours service provided by the ICB and operated at several GP practices in Barnet.