

# Langstone Way Surgery

## Inspection report

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

Date of inspection visit: 21 February 2022  
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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?

Inadequate



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Requires Improvement



# Overall summary

We carried out an announced inspection at Langstone Way Surgery (the practice) on 21 February 2022. Overall, the practice is rated as “Requires improvement”.

The ratings for each key question were rated as:

Safe – Inadequate

Effective – Requires improvement

Caring – Good

Responsive – Requires improvement

Well-led – Requires improvement

Following our previous inspection on 3-9 June 2021, the practice was rated “Requires improvement” overall and for the key questions “Safe”, “Effective” and “Responsive”. The practice was rated “Good” for “Caring” and “Inadequate” for “Well-led”.

The practice was served a warning notice under Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a requirement notice under Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We completed a warning notice follow-up visit on 9 September 2021. 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](http://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

Throughout the pandemic 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:

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- Conducting staff interviews using video conferencing
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A site visit

## 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 practice had not actioned items listed in response to the fire risk assessment completed by an external contractor in November 2021, despite a practice target date of 18 January 2022. Whilst the majority of low priority items identified were given a target date of completion within 24 weeks of the fire risk assessment (as per external contractor guidance), there was one medium risk item which had an external contractor target date of 12 weeks to complete, which remained outstanding and had not been completed.
- Although the practice had completed an infection prevention and control audit, this was not dated. In addition, it was unclear regarding the safety of managing waste, namely around sharps disposal. A waste and clinical disposal contract was submitted following inspection, which was dated 21 April 2021; however, as the infection prevention and control audit initially submitted was undated, it is unclear as to whether this later submitted document was completed before or after the infection prevention and control audit. Therefore, we cannot be fully assured of the practice's safe management of waste.
- The practice did not have a robust system in place to cover GPs workflow in their absence. The inbox of a part-time GP was examined as part of the inspection, and a number of pathology results remained outstanding. An informal process of checking inboxes was in place; however, this was reported to happen only when time permitted.
- The practice was not always reviewing patients' blood test results before issuing their next high risk medicine prescription in order to ensure it was safe to prescribe.
- Systems operated by the practice did not provide enough assurance that significant events and patient feedback, such as complaints, were used effectively to improve the quality of the service.
- The system for managing Medicines and Healthcare products Regulatory Agency (MHRA) alerts was not always fully effective.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic, but some patient dissatisfaction was highlighted in data from the National GP Patient survey and NHS Choices reviews.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Staff interviewed felt supported by management and reported leaders in the practice were approachable.

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

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

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

(Please see the specific details on action required at the end of this report).

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

- Ensure that all staff personnel files contain the necessary relevant information, including copies of appropriate medical indemnity insurance.
- Identify and action learning needs that arise from significant events and complaints.

**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 led by a CQC lead inspector who spoke with staff using video conferencing facilities and in person, and undertook a site visit. The team included a GP specialist advisor who completed clinical searches and records reviews whilst visiting the location.

## 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 8500.

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 six GPs who work at the practice, with two GPs as partners. The practice has four nurses, 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 – 9pm Monday to Friday and 8am – 9pm at weekends and bank holidays under an extended hours service provided by the CCG and operated at several GP practices in Barnet.

## 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<br>Maternity and midwifery services<br>Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Effective systems and processes must be established to ensure good governance in accordance with the fundamental standards of care.</b></p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• Systems operated by the practice did not provide enough assurance that significant events and patient feedback, such as complaints, were used effectively to improve the quality of the service. Out of 70 complaints made since February 2021, only 11 complaints identified some form of learning need specified as a result.</li><li>• The practice did not have a fully effective system in place for receiving and actioning Medicines and Healthcare products Regulatory Agency (MHRA) alerts to ensure patients' healthcare needs were met. We found examples of patients whose care had not been appropriately reviewed in accordance with alerts.</li></ul> <p>This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |

## 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<br>Maternity and midwifery services<br>Treatment of disease, disorder or injury | <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 test results before issuing their next high risk medicine prescription in order to ensure the medicine was safe to prescribe.</li><li>• We found that the system for managing Medicines and Healthcare products Regulatory Agency (MHRA) alerts was not always fully effective. Patients did not always have it documented in their clinical records that they had been warned of associate risks in accordance with the safety alert.</li><li>• We found the practice had not actioned eight out of eight items listed in response to the fire risk assessment completed by an external contractor in November 2021, despite a practice target date of 18 January 2022. Whilst the majority of low priority items identified were given a target date of completion within 24 weeks of the fire risk assessment (as per external contractor guidance), there was one medium risk item which had an external contractor target date of 12 weeks to complete, which remained outstanding and had not been completed.</li><li>• Although the practice had completed an infection prevention and control audit, this was not dated. In addition, it was unclear regarding the safety of managing waste, namely around sharps disposal. A waste and clinical disposal contract was submitted following inspection, which was dated 21 April 2021; however, as the infection prevention and control audit initially submitted was undated, it is unclear as to whether this later submitted document was completed before or after the infection prevention and control audit. Therefore, we cannot be fully assured of the practice's safe management of waste.</li></ul> |

This section is primarily information for the provider

## Enforcement actions

- We found the practice did not have a robust system in place to cover GPs workflow in their absence.

This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.