

Highlands Practice

Quality Report

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Date of inspection visit: 14 August 2017

Date of publication: 21/09/2017

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 safe?

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 Highlands Practice on 25 May 2016. The overall rating for the practice was Good. The full comprehensive report on the May 2016 inspection can be found by selecting the 'all reports' link for Highlands Practice on our website at www.cqc.org.uk.

At our previous inspection on 25 May 2016, we rated the practice as requires improvement for providing safe services as the practice had not undertaken appropriate assessments for all for staff who acted as a chaperones and did not provide appropriate training for the role.

This inspection was a desk-based inspection carried out on 14 August 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 25 May 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection. At this inspection, we found that the practice had conducted Disclosure and Barring Service (DBS) checks on all staff who acted as chaperones. We asked the practice for evidence that they had ensured that non-clinical staff acting as chaperones received

appropriate training, but we did not receive this evidence initially. Subsequent to further contact from the practice at a later date, we received the information requested relating to chaperone training of non-clinical staff. In addition, we saw that the practice staff had recently undertaken Information Governance and Data Protection Act training. The practice had identified 80 patients as carers, which equates to less than 1% of the practice list. As a result of these findings, the practice rating remains as good overall, with the key question of safe, changing from requires improvement to good.

Our key findings were as follows:

- The practice had ensured that members of staff acting as chaperones had appropriate assessments for staff undertaking the role by way of DBS checks and the practice provided evidence that non-clinical members of staff conducting chaperoning had received appropriate training.

The areas of practice where the provider should improvements are:-

- Review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is available to them.

Summary of findings

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 safe?

The practice is rated as good for providing safe services.

- We saw evidence that staff who acted as chaperones had received DBS checks. The practice provided evidence to confirm that non-clinical members of staff had undertaken appropriate training.

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 good for the care of older people as the practice was found to be providing good services overall.

Good



People with long term conditions

The practice is rated good for the care of people with long-term conditions as the practice was found to be providing good services overall.

Good



Families, children and young people

The practice is rated good for the care of families, children and young people as the practice was found to be providing good services overall.

Good



Working age people (including those recently retired and students)

The practice is rated 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.

Good



People whose circumstances may make them vulnerable

The practice is rated good for the care of people whose circumstances may make them vulnerable as the practice was found to be providing good services overall.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated 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.

Good



Highlands Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector.

Background to Highlands Practice

Highland Practice is located in a primarily residential area in North London. The practice is located in shared leased premises on a small commercial estate. There is parking near to the front of the surgery, including bays for parking for disabled patients in front of the surgery and a bus stop approximately ten minutes' walk from the practice.

There are approximately 9300 patients registered at the practice. Statistics shows low income deprivation among the registered population. The registered population is slightly higher than the national average for those aged between 5-9 and 74-85+. Patients registered at the practice come from a variety of ethnic backgrounds including Asian, Western European and Eastern European.

Care and treatment is delivered by four GPs partners (three male and one female) and three salaried (two female and one male) GPs who between them carry out 41 clinical sessions weekly. The nursing team consists of two female Practice Nurses, including one Independent Nurse Prescriber (female) and one Healthcare Assistant (Female), who carry out 21 clinical sessions weekly. Nine administrative staff work at the practice and are led by a Practice Manager.

The practice is open from the following times:-

- 8am - 6:00pm (Monday, Tuesday, Wednesday, Friday)

- 8am - 1:00pm (Thursday)

Clinical sessions are run during the following times:-

- 8:30am - 12:40pm; 2:30pm - 5:50pm (Monday)
- 8:30am - 12:40pm; 3:30pm - 5:50pm (Tuesday)
- 8:30am - 12:10pm; 3:30pm - 5:50pm (Wednesday)
- 8:30am - 12:30pm (Thursday)
- 8:30am - 12:10pm; 3:30pm - 5:50pm (Friday)

The practice does not offer extended hours surgery. Patients can book appointments in person, by telephone and online via the practice website.

Patients requiring a GP outside of practice opening hours are advised to contact the NHS GP out of hours service on telephone number 111.

The practice has a Personal Medical Services (PMS) contract and conducts the following regulated activities:-

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury
- Maternity and midwifery services
- Surgical procedures

A PMS contract is a contract which is held between the practice and NHS England for delivering primary care services to local communities.

Enfield Clinical Commissioning Group (CCG) is the practice's commissioning body.

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Highlands Practice on 25 May 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice overall was rated as good, but requires improvement for the provision of safe services. The full comprehensive report following the inspection on 25 May 2016 can be found by selecting the 'all reports' link for Highlands Practice on our website at www.cqc.org.uk.

We undertook a desk-based review of Highlands Practice on 14 August 2017. This review 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

During our review we:

- Looked at specific documents provided to us by the practice.
- Had email correspondence with the Practice Manager.

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 safe?

Our findings

At our last inspection on 25 May 2016, we rated the practice as requires improvement for providing safe services as we found that the practice had not conducted appropriate assessments for staff who acted as chaperones and were unable to provide evidence that appropriate training for the role had been undertaken.

We asked the provider to take action to remedy the above. We undertook a desk-based review on 14 August 2017 and found that improvement had been made and processes had been put in place. The practice is now rated good for providing safe services.

Overview of safety systems and process

- We saw evidence from the practice of Disclosure and Barring Service (DBS) checks for members of staff who undertake chaperoning duties (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Currently the practice has three persons who are chaperones, two of which are practice nurses. The third member of staff is a member of the reception team. The practice provided evidence subsequent to our inspection that appropriate training had been undertaken by the non-clinical member of staff who undertook chaperoning duties.