# Stamford Hill Group Practice

## Inspection 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 location** | Requires improvement |
| Are services effective? | **Requires improvement** |
| Are services responsive? | **Requires improvement** |
| Are services well-led? | **Good** |

# Overall summary

We decided to undertake an inspection of Stamford Hill Group Practice following our annual review of the information available to us. This inspection looked at the following key questions:

- Is it effective?
- Is it responsive
- Is it well-led

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 and good for all population groups except Working age people (including those recently retired and students) which we rated as requires improvement.**

We found that:

- There was no failsafe procedure in place to ensure that test results were received for all cytology samples sent.
- The practice's performance for cervical cancer screening was significantly below local and national averages.
- Patient satisfaction, as evidenced by responses to the national GP patient survey, was, in some areas, significantly below local and national averages.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- Staff reported that leaders were visible and approachable.

The areas where the provider **must** make improvements are:

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

The areas where the provider **should** make improvements are:

- Continue to work to improve uptake of its childhood immunisations programme.
- Work to ensure that all staff that need one receive regular appraisals.
- Continue to work to improve patient satisfaction as highlighted in the national GP patient survey.

**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

## Population group ratings

| | |
|---|---|
| **Older people** | **Requires improvement** |
| **People with long-term conditions** | **Requires improvement** |
| **Families, children and young people** | **Requires improvement** |
| **Working age people (including those recently retired and students)** | **Requires improvement** |
| **People whose circumstances may make them vulnerable** | **Requires improvement** |
| **People experiencing poor mental health (including people with dementia)** | **Requires improvement** |

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor and a practice nurse specialist advisor.

## Background to Stamford Hill Group Practice

Stamford Hill Group Practice is located at 2 Egerton Road, London, N16 6UA. The surgery has good transport links and there is a pharmacy located nearby.

The provider is registered with CQC to deliver the Regulated Activities: Maternity and midwifery services, Treatment of disease, disorder or injury, Diagnostic and screening procedures and Family planning.

Stamford Hill Group Practice is situated within the NHS City and Hackney Clinical Commissioning Group (CCG) and provides services to approximately 15,190 patients under the terms of a personal medical services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The provider is a partnership registered with the CQC in April 2013. The clinical team at the practice includes six partners (four male and two female), six salaried GPs (five female and one male, one regular male locum GP, between them the GPs work the equivalent of 6.2 whole time GPs. In addition, there are three female part-time nurses (a whole time equivalent of two nurses), a full-time advanced healthcare assistant and, a full-time healthcare assistant. The non-clinical team consists of a practice manager, with a deputy practice manager and an assistant practice manager, supported by a number of reception and administration staff. The practice is currently part of a primary care network (PCN) of GP practices.

There are higher than average numbers of patients under the age of 18 (43%), compared to the local (6%) and national (6%) averages, with 13% of patients aged under five years of age (local 6%, and national (6%) averages).

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

| Regulated activity | Regulation |
|---|---|
| Diagnostic and screening procedures<br>Family planning services<br>Maternity and midwifery services<br>Treatment of disease, disorder or injury | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br>How the regulation was not being met:<br>There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.<br>In particular we found:<br>• There was no failsafe procedure in place to ensure results were received for all cytology samples sent.<br>• The practice's performance for its cancer screening programmes was in some areas below local and national averages.<br>• Patient satisfaction, as evidenced by responses to the national GP patient survey, was, in some areas, significantly below local and national averages.<br>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. |