# Langstone Way Surgery

## Inspection report

28 Langstone Way
London
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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? | **Good** |
| Are services responsive? | **Good** |
| Are services well-led? | **Requires improvement** |

# Overall summary

We carried out an announced comprehensive inspection at Langstone Way Surgery on 19 February 2019.

The practice was previously inspected on 8 May 2018 and was rated good overall. The Safe key question was rated requires improvement because we identified a breach of regulations. Specifically we found the practice had not assessed the risks associated with fire, the practice did not have a process in place to identify whether locum clinical staff had undertaken a Disclosure and Barring Service check and did not have a process to ensure all required pre-employment checks were undertaken prior to staff being employed. The full comprehensive report from this inspection can be found by selecting the 'Reports' link for Langstone Way

Surgery on our website at https://www.cqc.org.uk/location/1-540666441.

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 rated the practice as **requires improvement** for providing safe services because:

- The practice did not always follow guidance for the safe management of medicines.
- The practice did not have an overarching policy in place to govern how significant events were managed.
- The practice had a business continuity plan in place but this had not been reviewed for more than three years and did not include details of arrangements with a buddy practice.

We rated the practice as **requires improvement** for providing effective services because:

- There was no assurance that patients needs were consistently assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

We rated the practice as **requires improvement** for providing well-led services because:

- The practice did not have clear and effective processes for managing risks, issues and performance.
- We saw little evidence of systems and processes being reviewed to identify and share learning.

We rated the practice as **good** for providing caring and responsive services because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

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

- Review processes in place for undertaking criminal record checks to ensure these have been completed for staff who require them.

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

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

**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** | Good |
| **People with long-term conditions** | Requires improvement |
| **Families, children and young people** | Requires improvement |
| **Working age people (including those recently retired and students)** | Good |
| **People whose circumstances may make them vulnerable** | Good |
| **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 manager specialist advisor.

## Background to Langstone Way Surgery

Langstone Way Surgery is situated within NHS Barnet Clinical Commissioning Group. The practice holds a Personal Medical Services contract (Primary Medical Services agreements are locally agreed contracts between NHS England and a GP practice) and provides a full range of enhanced services including adult and child immunisations, learning disabilities services, and remote care monitoring.

The practice is registered with the Care Quality Commission to carry on the regulated activities of Maternity and midwifery services, Treatment of disease, disorder or injury and Diagnostic and screening procedures.

The practice had a patient list of 8,000 at the time of our inspection.

The staff team at the practice included two male GP partners and three salaried female GPs. The clinical team was completed by four female practice nurses, all of whom work full-time, one female healthcare assistant and a prescribing pharmacist both of whom worked part-time. One of the practice nurses was undertaking additional training to qualify as an advanced nurse practitioner. The non-clinical staff consisted of a practice manager who worked part-time, a reception manager and a team of nine administrative staff (who worked a mix of full time and part time hours).

The practice was open between 08:00 and 18.30 Monday to Friday. Appointments were available all day with the exception of Thursday afternoons. Extended hours surgeries were available on a Tuesday from 18.30 to 20.00. Patients at the practice can access GP and Nurse appointments at a local hub between 8am and 8pm seven days per week.

To assist patients in accessing the service there is an online booking system, text message reminders for appointments and test results. Urgent appointments are available each day and GPs also provide telephone consultations for patients. During evenings and weekends, when the practice is closed, patients are directed to dial NHS 111 to access an Out of Hours service delivered by another provider.

Langstone Way Surgery serves a less deprived population and its deprivation score is significantly lower than the England average. Average life expectancy for male and female patients is 83 years and 86 years respectively. These are higher than the England averages which are 79 years and 83 years.

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.

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>Maternity and midwifery services<br>Treatment of disease, disorder or injury | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br>**How the regulation was not being met:**<br>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of patients who use services. They had not ensured that:<br>• The practice did not always follow guidance for the safe management of medicines. Specifically, the practice had not taken any additional action to encourage patients whose last recorded blood tests were outside recommended timescales, to attend for updated tests, for instance by reducing prescribing intervals.<br>• The practice did not have a policy in place to govern how significant events were managed.<br>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. |

| Regulated activity | Regulation |
|---|---|
| Diagnostic and screening procedures<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>• The practice had a business continuity plan in place but this had not been reviewed for more than three years and did not include details of arrangements with a buddy practice. |

This section is primarily information for the provider

# Requirement notices

- There were gaps in the practice's governance systems and processes which meant the practice was unaware when some policies were not being followed or records not being properly maintained. In particular, not all clinicians were following the protocol to ensure the safe prescribing of high-risk medicines and the provider did not manage systems used to record significant events and complaints to allow the identification and sharing of learning.
- There was no assurance that patients needs were consistently assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.