

# Green Street Surgery

## Quality Report

Green Street  
Enfield  
EN3 7HW  
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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 service	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services well-led?	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 Green Street Surgery on 6 October 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the October 2016 inspection can be found by selecting the 'all reports' link for Green Street Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was a desk based review carried out on 25 July 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 Day Month Year. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

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Overall the practice is now rated as good.

Our key findings were as follows:

- Clinical audits and re-audits were being carried out to improve patient outcomes.
- Multi-disciplinary team meetings were being undertaken.

- A business plan had been developed to underpin the vision for the practice.
- All policies and procedures had been reviewed and were up to date. Each policy had a lead member of staff assigned to be responsible for monitoring and future updates.
- The patient participation group had been reinstated and was meeting on a regular basis.
- An action plan had been developed to address the scores of the national patient survey.
- Cleaning schedules for clinical equipment was in place. The carpet had been cleaned in March 2017 but has subsequently been replaced with lino.
- A process had been put in place to identify and support carers.
- All portable electrical appliances had been tested.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

- Look at ways to further identify carers and provide support.

# 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 effective?**

The practice is rated as good for providing an effective service.

- A system of clinical audits had been implemented and it showed positive outcomes for patients.

**Good**



### **Are services caring?**

The practice is rated as good for providing a caring service.

- The practice had implemented a system for identifying and supporting carers.

**Good**



### **Are services well-led?**

The practice is rated as good for providing a well led service.

- The practice had a vision and a supporting business plan had been developed.
- The practice had a number of policies and procedures that had been brought up to date by specifically appointed policy leads.
- The PPG group had been reinstated and was meeting on a regular basis.

**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 provider had resolved the concerns for effective, caring and well led identified at our inspection on 6 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

The provider had resolved the concerns for effective, caring and well led identified at our inspection on 6 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Families, children and young people

The provider had resolved the concerns for effective, caring and well led identified at our inspection on 6 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Working age people (including those recently retired and students)

The provider had resolved the concerns for effective, caring and well led identified at our inspection on 6 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns for effective, caring and well led identified at our inspection on 6 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for effective, caring and well led identified at our inspection on 6 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Summary of findings

## Areas for improvement

### Action the service **SHOULD** take to improve

- Look at ways to further identify carers and provide support.

# Green Street Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead inspector.

## Background to Green Street Surgery

Green Street Surgery is located in Enfield, North London. The practice has a patient list of approximately 2300. Fifty one percent of patients are aged under 18 (compared to the national practice average of 44% and 18% are 65 or older (compared to the national practice average of 20%). Forty one percent of patients have a long-standing health condition.

The services provided by the practice include child health care, ante and post-natal care, immunisations, sexual health and contraception advice and management of long term conditions.

The staff team comprises a male GP (working six sessions a week), a female long term locum GP (working four sessions a week), two female practice nurses (both working three days a week), a part time practice manager (working 0.75 whole time equivalent), secretarial and administrative staff. Green Street Surgery holds a Personal Medical Service (PMS) contract with NHS England.

The practice's opening hours are:

- Monday – Friday 8am – 6:30pm
- Monday 6:30pm – 7:30pm (extended hours)

Appointments are available at the following times:

- Monday 8:30am – 10:30am and 4:30pm – 7:30pm

- Tuesday – Friday 8:30am – 10:30am and 4:30pm – 6:00pm

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments are also available for people that needed them. When the practice was closed, patients were directed to the local out of hour's provider.

The practice is registered to provide the following regulated activities which we inspected: treatment of disease, disorder or injury; diagnostic and screening procedures; and maternity and midwifery services.

## Why we carried out this inspection

We undertook a comprehensive inspection of Green Street Surgery Health Centre on 6 October 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on Month Year can be found by selecting the 'all reports' link for Green Street Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up desk based inspection of Green street Surgery on 25 July 2017. This inspection 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.

# Detailed findings

## How we carried out this inspection

We carried out a desk-based focused inspection of Green Street Surgery on 25 July 2017. This involved reviewing evidence that:

- The practice undertook multi-disciplinary team meetings.
- A business plan had been implemented
- An ongoing clinical audit plan had been implemented.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 6 October 2016, we rated the practice as requires improvement for providing effective services as no two cycle clinical audits had been undertaken. We also found that the practice was only involved in multi-disciplinary team meetings in regard to the care of older people.

These arrangements had significantly improved when we undertook a follow up desk top based inspection on 25 July 2017. The practice is now rated as good for providing effective services.

### **Management, monitoring and improving outcomes for people**

The practice provided evidence of three clinical audits, two of which were completed two cycle audits. The audits included a review of patients on antiepileptic medication. The audit was carried out to check that regular medication reviews were being carried out. In October 2016 the

practice found seven patients on antiepileptic medicines. Only four had received a face to face review in the preceding six months. Patients that had not been seen by the GP in that time were called in for a review. A system of reminders was put in place by the practice to ensure that reviews were completed on time. The audit was repeated in June 2017. Ten patients were identified, seven of these had received a review, one patient had been sent reminders but was not responding, the practice concluded that they had left the country, one patient had recently changed medicines and was under review for those and the final patient was awaiting a review after attending for blood tests. The practice concluded that routine medication request checks and opportunistic reviews was working effectively to improve outcomes for patients.

### **Coordinating patient care and information sharing**

We were provided with a number of minutes for multi-disciplinary team meetings. These included meetings with the palliative care team and district nurses.

# Are services caring?

## Our findings

At our previous inspection on 6 October 2016, we rated the practice as requires improvement for providing caring services as the practice had not identified any patients as carers or provided any support for carers.

We found that the carer's register had been introduced when we undertook a desk based inspection on 25 July 2017. The practice is rated as good for providing caring services.

### **Patient and carer support to cope emotionally with care and treatment**

The practice provided evidence of their carer's register which included eight patients (less than 1% of the practice list). The practice had a policy to identify carers on patient registration through a question on the new patient registration form. It also identified existing patients as carers through notices in the waiting area and through GP consultations. Carers were offered a health check, health advice and also referred to the local carers groups.

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

At our previous inspection on 6 October 2016, we rated the practice as requires improvement for providing well-led services as there was no business strategy, policies were out of date and the patient participation group (PPG) was not currently active.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a desk based inspection of the service on 25 July 2017. The practice is now rated as good for being well-led.

### **Vision and strategy**

The practice had a vision to deliver high quality care and promote good outcomes for patients. We were provided with a comprehensive business plan dated 2016 which addressed the ways in which the practice was to achieve its vision including patient and service development and how the practice was to be staffed in order to achieve its aims.

### **Governance arrangements**

The practice now had updated policies and procedures. We were provided with evidence outlining the dates on which policies and procedures were updated and when discussed with staff. Each policy had been assigned a lead to ensure that policies were monitored and updates applied when needed.

### **Seeking and acting on feedback from patients, the public and staff**

Since the last inspection the patient participation group (PPG) had been reinstated and had met three times to address practice issues such as improvements to the practice telephone system and improvements to the pathway leading to the practice in order to make the practice more accessible.