

# Moorfield Road Health Centre

## Quality Report

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Date of inspection visit: 5 July 2017

Date of publication: 24/08/2017

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 

Are services effective?

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 Moorfield Road Health Centre on 22 June 2016. The overall rating for the practice Requires Improvement. The full comprehensive report on the June 2016 inspection can be found by selecting the 'all reports' link for Moorfield Road Health Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

At our previous inspection in June 2016, we rated the practice as Requires Improvement for providing safe and effective services. At this time included amongst the issues we identified, was the practice could not provide sufficient evidence that there were clear processes in place to identify where improvements in clinical care could be made, that there was not a programme of regular fire drills being conducted at the practice and that there was a lack of information throughout the practice informing patients of what to do in the event of a fire.

This inspection was an announced focused inspection carried out on 5 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 22 June 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 made improvements to provide safe and effective services. As a result of these findings, the practice is now rated as good for providing safe and effective services.

The change in the ratings for safe and effective, means that the practice overall is now rated as Good.

Our key findings were as follows:

- Clinical audits were being conducted at the practice as part of a system of ensuring effective clinical care was being delivered to patients.
- The practice had introduced regular fire drills. All staff members had been trained in what to do in the event of a fire and there was signage within patient areas informing them what to do in the event of the fire alarm sounding.
- We saw evidence that patient care plans (in particular for patients at risk of un-planned or readmission to hospital) were up-to-date and contained relevant personalised information.
- The practice now attends regular multi-disciplinary meetings with other health care professionals to discuss complex needs patients.

# Summary of findings

- All staff members had received an appraisal within the last 12 months.

**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.

- The practice conducted regular fire drills and there was adequate signage within the practice advising patients what to do in the event of a fire.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- We saw evidence that clinical audits conducted by the practice demonstrated quality improvement.
- All staff at the practice had received an appraisal in the last 12 months.
- Care plans for those at risk of unplanned or re-admission to hospital were completed and contained relevant information.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were below the national averages. However, we noted that there had been an increase in the number of points that the practice achieved during the QOF year 2016/2017.
- Staff worked with other health care professionals and attended multi-disciplinary meetings to understand and meet the range and complexity of patients' needs

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 rated as good overall, this affected the rating of the population groups we inspect against.

Good



### People with long term conditions

The practice is rated good for the care of people with long term conditions. As the practice was rated as good overall, this affected the rating of the population groups we inspect against.

Good



### Families, children and young people

The practice is rated good for the care of families, children and young people. As the practice was rated as good overall, this affected the rating of the population groups we inspect against.

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 rated as good overall, this affected the rating of the population groups we inspect against.

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 rated as good overall, this affected the rating of the population groups we inspect against.

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 rated as good overall, this affected the rating of the population groups we inspect against.

Good



# Moorfield Road Health Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC inspector. The team included a GP specialist adviser.

## Background to Moorfield Road Health Centre

Moorfield Road Health Centre operates from 2 Moorfield Road, EN3 5PS. The practice is located in purpose built premises located just off a main road in a residential area of Enfield, which is to the north of London.

There are approximately 4250 patients registered at the practice. Statistics show high income deprivation among the registered population. Information published by Public Health England rates the level of deprivation within the practice population group as two on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The registered population is slightly higher than the national average for persons aged between 0-19 and 35-44. Patients registered at the practice come from a variety of backgrounds including Asian, Western European, Eastern European and African Caribbean. Forty nine percent of patients have a long-standing health condition compared to the CCG average of 50%.

Care and treatment is delivered by two GPs (one male and one locum female) who provide 17 clinical sessions weekly. There are two practice nurses (female) who provides seven sessions weekly. Five administrative and reception staff work at the practice, and are led by a practice manager.

The practice reception opening times are:-

- 8am - 7pm (Monday)

- 8am - 8pm (Tuesday)
- 8am – 6:30pm (Wednesday, Thursday, Friday)

Clinical sessions are as follows:-

- 8:30am - 12pm (Monday - Friday)
- 3pm -7pm (Monday)
- 4pm – 8pm (Tuesday)
- 4pm – 6:30pm (Wednesday, Thursday)
- 2:30pm – 6:30pm (Friday)

The practice offers extended hours surgery on Monday and Tuesday evenings. 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 General Medical Services (GMS) contract. GMS contracts are nationally agreed between the General Medical Council and NHS England. The practice is registered to provide the following regulated activities:-

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury
- Maternity and Midwifery Services

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

## Why we carried out this inspection

We undertook a comprehensive inspection of Moorfield Road Health Centre on 22 June 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice overall was rated as Requires Improvement, including requiring improvement

# Detailed findings

for the provision of safe and effective services. The practice was rated good for the provision of caring and responsive services, as well as well-led services. The full comprehensive report following the inspection on 22 June 2016 can be found by selecting the 'all reports' link for Moorfield Road Health Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Moorfield Road Health Centre on 5 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.

## How we carried out this inspection

During our visit we:

- Spoke with a range of staff (one doctor, one practice manager and two practice nurses).

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 previous inspection on 22 June 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of conducting regular fire drills were not adequate and there was no signage within the practice advising patients what to do in the event of a fire.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 5 July 2017. The practice is now rated as good for providing safe services.

### Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and we saw evidence of regular fire drills, the latest having been conducted in April 2017. There was a designated fire marshall, and all staff knew that it was their responsibility to ensure all patients were evacuated from the building should a fire occur.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 22 June 2016, we rated the practice as requires improvement for providing effective services as the practice could not provide sufficient evidence that clinical audits conducted by the practice were driving improvement in clinical care for patients. In addition, the practice Quality Outcomes Framework (QOF) scores showed that the practice was performing lower than the national average for the provision of some aspects of care and in particular the practice uptake for child vaccinations. Finally, not all members of staff had received a recent staff appraisal.

We issued a requirement notice in respect of these issues and found arrangements had improved when we undertook a follow up inspection of the service on 5 July 2017. The practice is now rated as good for providing effective services.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for 2015/2016 were 69% of the total number of points available compared to the national average of 95%, with an overall exception reporting rate of 3%, compared to the national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). We discussed the QOF figures with the practice who told us that although some of the practice figures were low in comparison to the CCG and national averages, they were happy that they had very low exception rates as it showed that clinical care was being monitored thoroughly and that the practice engaged with its patients. On the day of inspection, the practice was able to show the inspection team their unpublished QOF results for 2016/2017 which showed that the practice had scored 80% of the total number of points available. This showed a 10% increase between the QOF figures for 2015/2016 and 2016/2017. We discussed the QOF figures with the practice who told us that although some of the practice figures were low in comparison to the CCG and national figures, they

were happy that they had very low exception rates as it showed that clinical care was being monitored thoroughly and that the practice maintained regular engagement with its patients.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from QOF 2015/16 showed:

- Performance for diabetes related indicators was below both the CCG and the national averages. For example 74% of patients on the diabetes registers last cholesterol reading was 5mmol/l or less, which was less than the CCG average of 78% and the national average of 80%. The exception reporting rate was 6%, which was lower than the CCG and national average of 9% and 13% respectively.
- Performance for mental health related indicators was lower than the CCG average and comparable to the national average. For example, 83% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive agreed care plan documented in their record in the preceding 12 months compared to the CCG average of 91% and a national average of 89%. The exception reporting rate was 3%, which was lower than the CCG average of 6% and the national average of 13%.

There was evidence of quality improvement including clinical audits.

- We viewed an audit undertaken by the practice which looked at hypertensive patients (those diagnosed with high blood pressure) to establish whether these patients had received a QRISK2 calculation (QRISK calculations are a set of calculations devised to predict the likelihood of a patient developing cardiovascular disease based on a number of factors such as weight, age or blood pressure).

The first stage of the audit identified that of 591 hypertensive patients identified, 18 patients (3%) had received a QRISK2 calculation. Following these results, the practice embarked on a programme of increasing the number of patients at the practice who had a QRISK2 calculation on their notes. The second audit was conducted 10 months later and revealed that of 591 hypertensive patients identified, 120 patients had a QRISK2 calculation recorded on their notes. This denoted an increase of 17% of patients who received the calculation at the practice.

# Are services effective?

(for example, treatment is effective)

## Effective staffing

The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. All members of staff had received an appraisal in the last 12 months. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.

## Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- We saw evidence of patients care and risk assessments, up-to-date care plans, medical records and investigation and test results. The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans and assessments were routinely reviewed and updated for patients with complex needs.

## Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Clinical staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, clinical staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GPs or practice nurses assessed the patient's capacity and, recorded the outcome of the assessment.

- The process for seeking consent was monitored through patient records audits.

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 72%, which was lower than the CCG average of 80% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood vaccine rates for the vaccinations given to under two year olds ranged from 70% to 89% compared to the 90% standard. Five year olds from 87% to 97% compared to the CCG average of 70% to 90% and the national average of 88% to 94%.

The practice manager and the practice nurses were the lead persons responsible for increasing the uptake of childhood immunisations within the practice. Parent of children are invited to attend the practice if records show that a child has not received their vaccines and the practice also liaises with health visitors to ensure take up for vaccinations comparable to the CCG average. Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.