Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Osidge Medical Practice

182 Osidge Lane, London, N14 5DR

Tel: 02083681568

Date of Inspection: 10 December 2013

Date of Publication: January 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Management of medicines	✓ Met this standard

Details about this location

Registered Provider	Team Health Care Partnership (THCP Partnership)
Registered Manager	Dr. Ogechukwu Ilozue
Overview of the service	Team Health Care partnership provides primary medical services to patients living in East Barnet, North London. The service is temporarily located and hosted by the Osidge Medical Practice which is provided by another GP, Dr Nitin Lakani. There are three female GP's working within Team Heatlh Care.They are supported by a Practice manager and team of administrative staff. The practice provides primary medical services to around 3,000 patients. As the practice is in a temporary location quality and safety of the premises has been managed together with the host practice.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 10 December 2013, talked with people who use the service and talked with carers and / or family members. We reviewed information given to us by the provider and were accompanied by a specialist advisor.

What people told us and what we found

We spoke with eight patients who used the service. They told us that they felt able to openly discuss the reason for their visit with the GP or nurse and that they were given sufficient information on any treatment required. One patient told us "all the doctors here give good advice they are clear with me what our plan is."

The practice is still developing its patient participation group (PPG). New members have volunteered and the first face to face meeting will take place in the new year. The focus of patient involvement for the past four years has been on campaigning for the practice to return to its permanent location at Brunswick Park Medical Centre. This will be taking place on 23 December 2013. The provider told us that the move will give the practice an opportunity to involve patients in decisions about the running of the practice and a priority is patient feedback to improve service provision.

Most patients told us they were more than satisfied with the service provided by the practice's staff. A patient described the service as "so caring and so kind" and another patient told us "I think the staff are brilliant." Patients we spoke with told us that the practice had continued to provide a good reliable service despite the constraints they have had in relation to working from a temporary location. Patients told us that initially it had been very difficult to organise access to the practice however, staff at both practices had worked very hard to ensure that patient needs were met.

Most patients spoken with confirmed that they had been able to make an appointment to see their GP or nurse without any problems. Care and treatment was planned and delivered in a way that was intended to ensure patient's safety and welfare. Assessments of patients' needs were undertaken and recorded.

There were arrangements in place to deal with medical emergencies. Staff had training annually in life support techniques. We saw certificates for all staff. Staff were able to explain how emergencies were dealt with in the practice. Emergency drugs were available in the practice. There was evidence that these drugs were checked on a monthly basis

and were within date.

Several patients we spoke with told us they had been referred to other services and appropriate information about their condition had been shared by the GPs. One patient told us they had received "excellent treatment for their arthritis," including a prompt initial referral to a specialist service.

Patients were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Patients told us they felt safe using the service and had confidence in the doctors and nurses at the practice.

Bins used for discarding sharp instruments, such as needles, were safely positioned in consultation and treatment rooms. We saw that these had not been over-filled. Clinical waste was separated according to the procedure and was collected for disposal by a contractor every two weeks. In between collections, clinical waste was stored in a locked bin outside the building. These measures protected people against the risk of infection.

Arrangements were in place for the management of medicines at the practice.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

Patients expressed their views and were involved in making decisions about their care and treatment. Appointments with a GP lasted ten minutes and double appointments could be booked at the GP's discretion. If patients needed to be referred to another service or specialist, this was discussed and arranged during their appointment. Patients told us they were able to express their preference for a particular hospital. We spoke with eight patients who used the service. They told us that they felt able to openly discuss the reason for their visit with the GP or nurse and that they were given sufficient information on any treatment required. One patient told us "all the doctors here give good advice they are clear with me what our plan is." Whilst another patient told us "(the doctor) explained everything to me very well." Patients on the whole felt they understood their doctor or nurse and felt listened to and supported.

The provider had established a virtual Patient Participation Group (PPG) a number of years ago. However, this group had involved a small number of patients and was very much in the early stages of development. The provider told us that the responsibility for developing this group had recently changed and once a transfer had taken place to permanent premises the newly formed group of around ten people would meet. One of its priorities will be to look at patient feedback which had not been collated formerly since the 2012 annual patient survey.
During our visit some of the patients we spoke with were active members of the local community who were involved in the campaign to support the practice's move back to its permanent location as well as members of a local resident forum who look at the provision of services to people who live in East Barnet. They were able to tell us how they had fed back to the practice staff about the waiting area, and access to appointments. We also saw notices up in the waiting area inviting people to join the new PPG. The provider may find it useful to note that establishing a formal patient participation group should result in improved patient involvement at the practice.

Patients were given appropriate information and support regarding their care and

treatment. We saw that there was a variety of information in the waiting area which included health prevention information and leaflets. There was also information on how to complain and how to ask for a chaperone or interpreter. During our discussions with the provider we saw a new practice website that had been developed which contained information on useful contacts, repeat prescriptions and opening hours. This website would soon have the ability to book appointments online and order prescriptions. The full launch of the website would be timed with the move to permanent premises on the 23rd December 2013.

People's diversity, values and human rights were respected. All consultations took place in private and the provider had access to an interpretation service, if required. There was also a chaperone policy in place and a referral process should a patient wish to be examined by a male clinician as all clinical staff at the practice were female.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We spoke with eight patients during our visit. Most patients told us they were more than satisfied with the service provided by the practice's staff. A patient described the service as "so caring and so kind" and another patient told us "I think the staff are brilliant." A number of patients had been under the care of the practice for a number of years. One patient told us "I have been coming here for over 50 years, and I would not change my doctor, it is a good practice and you get the understanding you need from a family doctor."

A number of patients we spoke with told us that the practice had continued to provide a good reliable service despite the constraints they have had in relation to working from a temporary location. Patients told us that initially it had been very difficult to organise access to the practice however, staff at both practices had worked very hard to ensure that patient needs were met. Patients also spoke about the delays in returning to the practices permanent location and their involvement with local decision makers to raise their concerns. The provider and host practice staff told us that due to space the appointment system has been reviewed to take account of patient needs.

Most patients spoken with confirmed that they had been able to make an appointment to see their GP or nurse without any problems. One patient gave an example of needing an emergency appointment and told us "they (reception staff) always fit us in at the end of surgery." This was supported by another patient who said, for routine appointments "if they can't get you an appointment that day, it will be the following day."

Care and treatment was planned and delivered in a way that was intended to ensure patient's safety and welfare. Assessments of patients' needs were undertaken and recorded. A patient told us "My doctor is very kind and sensitive to my needs." She is very understanding and knows me and my family very well." Patients told us that they were satisfied with the systems in place for referring them for specialist care. A patient told us that "referrals are very quick."

Patients told us that they usually got to see the same GP, but if not they were happy with the other GPs working at the practice. All patients told us that there was "good communication between staff." Staff confirmed that, where patients were housebound,

community visits would be undertaken at the end of morning surgery or during the afternoon. The provider told us that this included one afternoon a week at a local residential service.

There were arrangements in place to deal with medical emergencies. Staff had training annually in life support techniques. We saw certificates for all staff. Staff were able to explain how emergencies were dealt with in the practice. Emergency drugs were available in the practice. There was evidence that these drugs were checked on a monthly basis and were within date. We checked the emergency equipment and found that these had been checked regularly. However, we looked at the service expiry date of the emergency oxygen canister and found that it had recently gone out of date. We informed the provider immediately, who advised that following the inspection this would be reviewed by a service company. Since the inspection took place evidence has been provided to show that a service of the emergency oxygen has taken place with a new three year service expiration.

If people required medical advice out of hours, they contacted the practice, where a message was on the telephone system advising them what to do. Staff told us that there was an out of hours service available for patients and this could be accessed through 111.

Cooperating with other providers ✓ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

Patient's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

Patients were supported to obtain appropriate health and social care support. For example, GPs referred patients to specialist services when the clinical need was identified. One GP told us she routinely referred diabetic patients for specialist care such as eye screening and podiatry. Several patients we spoke with told us they had been referred to other services and appropriate information about their condition had been shared by the GPs. One patient told us they had received "excellent treatment for their arthritis," including a prompt initial referral to a specialist service.

Staff shared appropriate information with relevant health and social care professionals. For example, the GPs we spoke with provided examples of how they shared information with, and referred patients to, other health professionals, such as district nurses, palliative care staff, and health visitors, when this was appropriate. GPs shared information with child protection case conferences to ensure the safety of children was maintained. GPs told us they were rarely able to attend meetings in person but always sent detailed reports and received minutes of meetings. We saw examples of practice meeting minutes which involved external professionals and identified shared plans around specific complex cases.

The practice worked in cooperation with others to ensure that appropriate care planning took place. Out-of-hours services were provided by another provider. GPs notified the out-of-hours service of any patients receiving palliative care so that they were fully informed and able to respond appropriately if called to see the patient out-of-hours. GPs told us that they received feedback from the out-of-hours service about patients the next day. One GP showed us how this information was reviewed using their computer system and actions taken as a result.

We looked at how the practice supports a large local residential service by looking at three care records of patients who were residents. We also spoke with the principle GPs at the practice about how they support residents who have complex health needs at the practice. We found that care records were up to date and contacts between the service and the practice had been recorded. Actions including visits to see the patient, reviews, and health checks, diagnosis, referral and changes to medication had been noted including

discussions with other care providers such as district nurses. GP's at the practice explained that due to the increasing number of patients with complex palliative care needs GPs had introduced a weekly visit to see patients however, this often did not satisfy the demands. We spoke with the provider regarding a number of concerns raised about primary health care provision at the residential service concerned in relation to how much time is given to attend the service and see patients. The provider told us that they had begun to discuss with the residential service provider better ways of working to improve communication and to better enable staff working at the service to manage patient complex care needs as nursing care is not provided. The provider took seriously these concerns raised and told us they would look to change their approach to working with staff at the service to enable better ways of working. This included looking at medication prescribing with the community pharmacist and pharmacy advisor for the local clinical commissioning group (CCG).

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

Patients who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

Patients were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Patients told us they felt safe using the service and had confidence in the doctors and nurses at the practice.

Staff told us they had undertaken training in safeguarding children. This was updated every year. We saw the certificates of three GPs and the nurse who had received training in safeguarding children at level 3. The training provided staff with the knowledge they needed to protect children from abuse. Staff we spoke with could describe different forms of abuse and how they might recognise where abuse was occurring or had occurred. This included staff working on reception. Staff knew what to do and who to inform if they had concerns that a child or adult was being abused. This meant people were protected against the risk of abuse.

The provider knew how to respond appropriately to any allegation of abuse and referred safeguarding concerns to the local safeguarding team. Children with a protection plan in place were identified by a flag on the patient record system when they came for an appointment. There were detailed policies and procedures in place in respect of child protection and safeguarding to support staff to respond appropriately to concerns. Staff described how they had responded to concerns about a child in line with the practice policy.

Two GP's we spoke with conducted weekly visits to a local residential care home, in order to see patients, and understood the need to protect vulnerable adults from possible abuse. Staff knew they needed to contact the local safeguarding team if they had concerns about an individual. However, the provider may wish to note that there was no formal safeguarding vulnerable adults policy or procedures in place for staff which meant they may not have been fully informed about who to contact in the event of a concern about a vulnerable adult.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

Patients were protected from the risk of infection because appropriate guidance had been followed. Patients were cared for in a clean, hygienic environment.

Reasons for our judgement

Patients told us they had seen clinical staff washing their hands before examining them or carrying out a procedure and alcohol gel and soap was available in the patient toilet and consultation rooms. All medical devices and instruments used in the practice were single-use and were not reused. This helped protect people from the risk of infection.

We saw there were washbasins with suitable taps in the consultation and treatment rooms we checked. Liquid soap dispensers, paper towels and waste bins with appropriately coloured bags, were provided in all clinical areas. This helped reduce the risk of infection.

Bins used for discarding sharp instruments, such as needles, were safely positioned in consultation and treatment rooms. We saw that these had not been over-filled. Clinical waste was separated according to the procedure and was collected for disposal by a contractor every two weeks. In between collections, clinical waste was stored in a locked bin outside the building. These measures protected people against the risk of infection.

Patients coming to the practice with a suspected infectious illness were asked to wait in a separate room rather than mix with other patients in the waiting room. This helped minimise the risk of cross-infection. The practice was cleaned regularly. Standards of cleaning were monitored and we saw the results of a recent audit of cleanliness undertaken by the practice manager. This enabled the provider to identify infection control risks and take action to minimise them.

All staff received infection control training either through their professional development or induction at the practice. We reviewed the specimen handling procedure, and asked staff how they safely handle specimens and spillages should they arise. Staff we spoke with were able to explain the procedure and what to do should a spillage occur. These measures protected people against the risk of infection.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

Patients were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Appropriate arrangements were in place in relation to obtaining medicines. The only medications kept at the practice were immunisations and emergency medication we were informed that no dispensing took place. There were no controlled drugs kept on site. The nurse was responsible for the ordering of medication direct from the pharmaceutical companies and informing the practice manager.

Medicines were handled appropriately. The nurse was responsible for handling all ordered medication. The vaccines and immunisations were stored in a fridge in the nurse's treatment room. However, this was not a pharmaceutical fridge and only actual temperatures were being recorded rather than the actual and minimum and maximum temperatures. These are required to ensure that the fridge is working to the correct standards for the storage of vaccines and immunisations. We spoke to the provider about this concern and they advised that a new pharmaceutical fridge had been purchased and is due to be installed in the practices new premises where they would be relocating to within the next week. We reviewed the actual fridge temperatures for the previous two weeks and all had been within acceptable limits.

Arrangements for recording medication were appropriate. Details of the medication given were recorded in patient's electronic records; this included the batch number of the immunisation. The provider had submitted evidence as part of the Quality Outcome Framework assessment to show it was meeting performance indicators in relation to medication. This included reviewing people who were on more than four types of medication at least 6 monthly and also ensuring that there was a reason logged for the medication people were taking. The provider may find it useful to note that although there was a repeat prescribing policy in place there was no managing medications policy or procedure in place at the practice. This meant that the provider may not always be managing the risks associated with medicines handling.

The GPs were responsible for prescribing medication. A patient told us "the doctor explains the medication along with the possible side effects" and "they check it's ok for me to take with my other medication." The arrangements for obtaining repeat prescription of

medication was effective and patients were happy with this service. One patient told us "we need to give 48 hour notice, but if you forget they always help you, it's a good service."

We looked at two care records of people who used the service from the local residential care home. We looked specifically at recent information in relation to changes to prescribed medication following some concerns raised with us. We found that although a series of entries for both patients had been recorded in their clinical records. We found no explanations or details as to why medication had changed in relation to the specific condition of the patient and what the specific issues had been with previously prescribed medication. The provider may find it useful to note that a more detailed explanation of the reasons for medication changes in relation to all patients would ensure that patients are protected against the risks associated with medicines.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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