

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

Stamford Hill Group Practice

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Date of Inspection: 24 December 2013

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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
Safeguarding people who use services from abuse	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Stamford Hill Group Practice
Registered Manager	Dr. Clifton Marks
Overview of the service	Stamford Hill Group Practice provides primary medical services to around 13500 patients living in the Stamford Hill area. There are ten doctors working from this practice (six partners and four salaried GPs). They are supported by a practice manager, nurse practitioners, a phlebotomist, and reception and administrative staff.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Family planning 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'.

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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 24 December 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff, reviewed information given to us by the provider and reviewed information sent to us by other regulators or the Department of Health.

What people told us and what we found

We spoke with three GPs, including one of the practice's GP partners who was also the registered manager, a practice nurse, the practice manager, two members of the reception staff, as well as two health visitors who were working from the practice on the day of our visit. We also spoke with seven people who used the service.

People using the service told us their GP listened to their concerns and explained the treatment options available. Most people felt that their privacy, dignity and independence were respected. The practice ensured that people's cultural needs were being met, this included provision of interpreting service when needed.

People told us that the clinical staff took time to discuss and explain their care and treatment. All the patients we spoke with were happy with the service they received from the practice.

People who used the service were protected from the risk of abuse, because the provider had taken some steps to identify the possibility of abuse and prevent abuse from happening.

Staff received appropriate professional development. Patients told us they had confidence in the knowledge and skills of the staff at the practice.

People who used the service, their representatives and staff were asked for their views about their care and treatment through the Patient Participation Group and they were acted on. We also looked at NHS Choices website and saw that people's comments had been responded to by 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 privacy, dignity and independence were respected. 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

We spoke with seven people attending the practice on the day of our visit. Most of the people told us their privacy and dignity had been respected. One person described the practice as "an absolute brilliant surgery". The same person told us, "the receptionists are always very friendly despite them working under intense pressure." Someone else commented, "the staff, including doctors, receptionists and nurses are nice. The only problem is that some doctors can be sarcastic ." Another person told us, "they [the staff] are very professional."

Some of the people we spoke with told us they sometimes found it difficult to make an appointment. One person told us, "I always find it easier to come in person, because their phones are always busy. I come in at 8:30 am and I get seen on the same day." Someone else said, "the receptionists are doing the best they can. They are always trying to change appointment for you and go out of their way to help." Another person commented, "the computerised check in system is good."

About half of the people using the practice were from the Orthodox Jewish Community. Staff working in the clinic were fully aware of Jewish customs and how to provide services to the local Jewish community, as well as people who other cultures and religions. All the people who spoke with us told us their cultural needs were being met by the practice.

People told us they were always seen in private and the clinical staff they saw gave them opportunities to ask questions. Everyone told us they felt informed, were given choices and had the time to decide what course of action they would like to take in respect of their treatment.

People who used the service told us they were given appropriate information and support regarding their care or treatment. The practice had a website which provided additional information for patients on different topics, including how to make appointments,

prescription services, clinics and services.

Notice boards in the practice displayed information about a chaperone service, health promotion, local services, and how to make a complaint. Practice information leaflets were available which included opening hours, staff details, how to make appointments, how to join the patient participation group (PPG) and services offered at the practice.

The patient information leaflet was only available in English however staff explained they would translate it to anyone who could not read English. Some of the leaflets on display were also in Hebrew. The practice offered interpreting services when required and there was a telephone translating service available. The practice had a chaperone service available for people who may wish to have someone of the same gender present during examinations. This meant that people's diversity, values and human rights were respected.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People who spoke with us told us they experienced safe and appropriate care. All seven people were satisfied with the support, care and treatment provided from all staff working at practice. One person said, "this is a very special surgery and I have always felt in very good hands." Another person commented, "you never feel that you are rushed through an appointment. The quality of care is good."

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We did not look at people's records but spoke with staff about how they recorded information in people's records. Staff told us these records included all GP and nurse consultations, test results, current and past medications and referral letters. This meant that staff had as much information as possible to assess people's needs and provide appropriate care.

People's care and treatment reflected relevant research and guidance. Staff attended external meetings in order to share new guidance in topics with other healthcare professionals in the local community. Clinical meetings involving healthcare professionals were held on a regular basis at the practice. Staff told us the discussions also included topics such as training needs, complaints, audit results, and significant events.

There were arrangements in place to deal with foreseeable emergencies. The practice had equipment on the premises for dealing with emergencies. Staff told us and we saw records that they had undertaken life support training. The practice had a business continuity plan, which could be used in case of emergency.

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

Our judgement

The provider was meeting this standard.

People 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

We reviewed the provider's arrangements for safeguarding people using the service. There were child protection and vulnerable adult procedures in place which included details of the local authority's safeguarding team. Staff were able to describe the types of abuse they could come across through the course of their work. Staff were also able to explain the practice procedure which included liaising with other agencies such as the local authority. Staff were aware that the practice had a safeguarding lead and said they would report any concerns to the relevant person.

We spoke with staff and looked at training records. The GPs and nurses had completed child and vulnerable adult protection training and one of the GPs was the safeguarding lead for the practice.

The provider had a whistleblowing policy in place and the staff we spoke with were aware of the procedure to follow should they need to raise concerns about poor practice.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. Staff told us that the practice manager and doctors were approachable and always happy to discuss any issues with them. Members of staff who spoke with us said they felt well supported by their line managers and GP partners.

Staff told us they received training that was appropriate to their role. This enabled them to work to a high standard. All staff at the practice completed mandatory training, such as basic life support, safeguarding, and other training was arranged according to their job role. This ensured that staff had the appropriate skills and knowledge to carry out their job.

Staff told us they received an annual appraisal to discuss training needs. They also had regular opportunities to hold discussions about their work with their manager. We saw annual appraisal meeting notes in people's files. We did not see any evidence of formal supervision process in place for the support staff. However, staff told us they felt supported when they had any issues to discuss. The GPs had an internal network of support and appraisal.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The provider had a Patient Participation Group (PPG). The group meetings were held on a regular basis and were attended by the people using the service and staff from the practice. We saw minutes from these meetings.

There were established quality monitoring systems in place. The practice regularly asked its patients for their views about how the practice is run. We saw the most recent results, which showed that most of the patients were satisfied with how the GP practice was run.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. For example, the practice had changed its telephone system following complaints from the patients.

The practice had discussed the results and audits from their Quality Outcomes Framework (QOF) with staff members. QOF is a government initiative based around targets to achieve on chronic disease management. This meant the provider regularly identified, assessed and managed risks relating to people's care needs.

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.

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