

# Dr. M. S. Dave & Dr. G. Mangaleswaradevi

## Quality Report

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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 safe?	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 Dr M.S.Dave & Dr G Mangaleswaradevi (known as Stuart Crescent Medical Practice) on 4 January 2017. The overall rating for the practice was Requires Improvement. The full comprehensive report on the January 2017 inspection can be found by selecting the 'all reports' link for Dr M.S.Dave & Dr G Mangaleswaradevi on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

At our previous inspection in January 2017, we rated the practice as Requires Improvement for providing safe and well-led services. At this time included amongst the issues we identified, was the practice did not have adequate management and storage of medicines and medical devices held on site. In addition, the practice did not engage fully with its patients to assist in establishing a patient participation group (PPG), which would serve as a channel to address patient concerns as highlighted in the low scores the practice received as part of the National GP Patient Survey. Finally, there was limited evidence that all non-clinical staff had received an appraisal during the preceding 12 months as well as recent information governance training.

This inspection was an announced focused inspection carried out on 16 October 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 4 January 2017. 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 well-led services. As a result of these findings, the practice is now rated as good for providing safe and well-led services.

The change in the ratings for the key questions of safe and well-led, means that the practice is now rated as good overall.

Our key findings were as follows:

- Risk to patients were assessed and managed correctly. For example, all medicines and medical devices stored at the practice that we viewed were in date.
- The practice reviewed its provision of nursing services, and as a result now employed a practice nurse who conducted sessions four times a week.
- We saw evidence that staff had conducted recent information governance training.

# Summary of findings

- The practice had engaged with patients with a view to establishing a patient participation group (PPG).

**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 arrangements for managing medicines and medical devices at the practice kept patients safe.

**Good**



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

The practice is rated as good for being well-led.

- There was a leadership structure in place and the two practice partners had responsible for governing the practice and governance issues.
- The practice was continuing in its efforts to establish a patient participation group (PPG)

**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 safety and well-led identified at our inspection on 4 January 2017 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 safety and well-led identified at our inspection on 4 January 2017 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 safety and well-led identified at our inspection on 4 January 2017 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 safety and well-led identified at our inspection on 4 January 2017 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 safety and well-led identified at our inspection on 4 January 2017 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 safety and well-led identified at our inspection on 4 January 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Dr. M. S. Dave & Dr. G. Mangaleswaradevi

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Dr. M. S. Dave & Dr. G. Mangaleswaradevi

Dr M.S.Dave & Dr G Mangaleswaradevi (known as Stuart Crescent Medical Practice) is located in a commercial area of the London Borough of Haringey. The practice is located on the ground floor of a purpose-built health centre, which is shared with another GP practice. There is no free parking on the streets nearest to the practice as the area operates permit-only parking. The practice has a car park with a bay for parking for disabled patients at the back of the practice. The nearest bus stops are approximately five minutes' walk from the practice.

There are approximately 3100 patients registered at the practice. Statistics show high levels of 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 higher than the national average for those aged between 25-39. Patients registered at the practice

come from a variety of backgrounds including Asian, Western European, Eastern European and African Caribbean. 46% of patients have a long-standing health condition compared to the CCG average of 49%.

Care and treatment is delivered by two partner GPs (one female and one male) who deliver twelve clinical sessions weekly. Currently there is no practice nurse at the practice; however there is a healthcare assistant (female) who delivers one extended session weekly. Five administrative and reception staff work at the practice and are led by a practice manager.

The practice reception opening times are:-

- 8:30am - 7pm (Monday, Wednesday, Friday)
- 8:30am - 6:30pm (Tuesday)
- 8:30am - 1:30pm (Thursday)

And clinical sessions are as follows:-

- 9:30am - 12:30pm (Monday - Friday)
- 4pm - 6:30pm (Monday, Wednesday, Friday)
- 4pm - 6:20pm (Tuesday)

The practice offers extended hours surgery on Monday, Tuesday, Wednesday and Friday)

Patients can book appointments in person, by telephone and online via the practice website.

As the practice member of a local GP federation, patients at the practice have the facility to see a GP or nurse outside of normal working hours and at the weekend. Patients requiring a GP outside of practice opening hours are advised to contact the NHS GP out of hours service on telephone number 111.

# Detailed findings

The practice has a General Medical Services (GMS) contract and conducts the following regulated activities:-

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury
- Maternity and midwifery services

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

## Why we carried out this inspection

We undertook a comprehensive inspection of Dr M.S.Dave & Dr G Mangaleswaradevi (known as Stuart Crescent Medical Practice) on 4 January 2017 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 in January 2017 can be found by selecting the 'all reports' link for Dr M.S.Dave & Dr G Mangaleswaradevi on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Dr M.S.Dave & Dr G Mangaleswaradevi (known as Stuart Crescent Medical Practice) on 16 October 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 GP partner, one practice nurse, one practice manager).
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Looked at information the practice used to deliver care and treatment plans.

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 4 January 2017, we rated the practice as requires improvement for providing safe services as the practice did not have adequate arrangements in place relating to the appropriate storage of medicines and medical devices held at the practice.

We issued a requirement notice in respect of this issue and found that arrangements had significantly improved when we undertook a follow up inspection on 16 October 2017. The practice is now rated as good for providing safe services.

### Overview of safety systems and process

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept

patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for monitoring all medicines and medical devices kept the practice. The practice nurse had the main responsibility for ensuring that medicines and medical devices at the practice were in date and checked regularly. This was done through a kept manual log of medicines and medical devices along with expiry dates and batch numbers. This was checked on a monthly basis and the date and who conducted the check was registered on the log. We checked the vaccine fridge and found that medicines were being stored correctly so that there was no damage to the packaging of medicines stored in the fridge through them being placed too near to the back of the fridge. In addition, we noted that all the vaccines held in the fridge were in date.

# 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 4 January 2017, we rated the practice as requires improvement for providing well-led services as the practice could not evidence a clearly defined governance structure. In addition, the practice had failed to have an action plan in response to the low patient satisfaction scores as highlighted in the National GP Patient Survey scores. In addition, the practice had not engaged well enough with its patients to enable the practice to establish a patient participation group (PPG).

We issued a requirement notice in respect of this issue and found that arrangements had improved when we undertook a follow up inspection on 16 October 2017. The practice is now rated as good for providing well-led services.

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

The practice valued feedback from staff which it acted upon to improve on the services it provided. We saw evidence that the practice sought feedback from:

- Patients through the NHS Friends and Family test, complaints and compliments received. The practice conducted their own patient surveys with a view to using the results to make improvements to the service they were providing.

The practice had continued in its efforts with engaging with patients to form an active patient participation group (PPG). At this inspection, the practice informed us that from their most recent campaign, a number of patients have expressed an interest in forming PPG. The practice is in contact with the identified individuals to arrange a meeting to discuss how to progress further with the establishment of a PPG.