

Leyton Healthcare

Quality Report

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Date of inspection visit: 8 August 2017
Date of publication: 31/08/2017

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



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 Leyton Healthcare on 15 December 2016. The overall rating for the practice was good, with a rating of requires improvement for providing safe services. The full comprehensive report published in February 2017 can be found by selecting the 'all reports' link for Leyton Healthcare on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection on 8 August 2017, carried out 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 15 December 2016. There were breaches in staff training, medicines management and emergency procedures. There were also concerns with the identification of patient carers, the management of vaccines, the storage of blank prescription pads, procedures to deal with test results and the uptake of childhood immunisations.

Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety, including a fire risk assessment and regular alarm testing and fire drills.
- All staff members had completed training relevant to their role including, including fire safety awareness and infection prevention and control.
- The practice had increased its number of carers from 43 at our last inspection to 57 (less than 1%), and were proactively working on increasing this further.
- The practice had good arrangements to deal with medical emergencies, including on site emergency equipment such as a defibrillator and oxygen cylinder that was checked weekly to ensure it was in good working order.
- Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- Blank prescription pads were securely stored in a locked cabinet and there was a system for monitoring there use.

Summary of findings

- Vaccines were stored in two fridges to ensure adequate air circulation and fridge temperatures were monitored twice daily.
- There was a policy and failsafe to manage incoming test results.
- We were provided with evidence that childhood immunisation rates were comparable with national averages.
- The practice was actively promoting the uptake of cancer screening.

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

Importantly the provider should:

- Continue to work to increase the uptake of cancer screening.
- Continue to work to increase the number of patient carers to ensure that adequate information and support is provided to them.

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.

Good



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- The practice had good arrangements to deal with medical emergencies, including on site emergency equipment such as a defibrillator and oxygen cylinder that was checked weekly to ensure it was in good working order.
- Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- All staff had completed mandatory training relevant to their role, including fire safety awareness and infection prevention and control.

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 at our inspection on 8 August 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 at our inspection on 8 August 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 at our inspection on 8 August 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 at our inspection on 8 August 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 at our inspection on 8 August 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 at our inspection on 8 August 2017 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

Importantly the provider should:

- Continue to work to increase the uptake of cancer screening.
- Continue to work to increase the number of patient carers to ensure that adequate information and support is provided to them.

Leyton Healthcare

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, who was supported by a GP specialist advisor.

Background to Leyton Healthcare

Leyton Healthcare is located in a purpose built building with one other practice and a host of community services such as phlebotomy within a residential area in East London. The practice is a part of the Waltham Forest Clinical Commissioning Group.

There are approximately 13,700 patients registered with the practice, there was a higher proportion of patients aged between 25 and 39 years than the national average and 4.3% of patients had a status of being unemployed, which was lower than the local average of 7%.

The practice has one male and one female GP partner and seven salaried GPs who carry out a total of 49.5 sessions per week, which equated to 82 appointments per 1000 patients a week. The practice has three practice nurses who carry out a total of 20 sessions per week and one health care assistant. The practice also had a practice manager, an assistant practice manager and 13 reception/administration staff members.

The practice is a teaching and training practice for GPs and nurses.

The practice operates under a Personal Medical Services (PMS) contract (a locally agreed alternative to the standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract).

The practice is open Monday to Friday between 8am to 8pm except for Thursdays when it closed at 7pm. Phone lines are answered from 8am and appointment times are as follows:

- Monday 8am to 12:20pm and 2:30pm to 7:40pm
- Tuesday 8am to 12:20pm and 1:30pm to 7:40pm
- Wednesday 8am to 12:20pm and 2:30pm to 7:40pm
- Thursday 8am to 1:20pm and 2pm to 5:40pm
- Friday 8am to 12:50pm and 2pm to 6:40pm

The locally agreed out of hours provider covers calls made to the practice whilst the practice is closed, including directing patients to services such as 111.

Leyton Healthcare operates regulated activities from one location and is registered with the Care Quality Commission to provide treatment of disease, disorder or injury, diagnostic and screening procedures, maternity and midwifery services and surgical procedures.

Why we carried out this inspection

We inspected this service as part of our comprehensive programme. This service had previously been inspected in December 2016 and the practice was rated as requires improvement for providing safe services, however the

Detailed findings

overall rating for the practice was good. The full comprehensive report published in February 2017 can be found by selecting the 'all reports' link for Leyton Healthcare on our website at www.cqc.org.uk.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 8 August 2017. During our visit we:

- Spoke with a range of staff including GPs, a nurse, management and reception/administration staff members.
- Reviewed the practice's action plan, which was made as a result of the outcomes of the inspection in December 2016.
- Reviewed a sample of personal care and 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 15 December 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of staff training, medicines management and emergency procedures were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 8 August 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was an incident book and a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of two documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events and had documented 35 significant events in the last 12 months.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we viewed a significant event about a GP who was unable to contact a hospital consultant due to the wrong contact details being taken. We saw that this was discussed in a practice meeting where a form was

designed that contained mandatory information that needed to be taken when taking a message to pass on to a GP from a hospital and staff were reminded to double check contact details.

- The practice also monitored trends in significant events and evaluated any action taken and held an annual significant events meeting where all the significant events for the year were discussed and reviewed.

Overview of safety systems and process

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a GP lead for safeguarding. We were told that the GPs always provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child safeguarding level three and non-clinical staff members were trained to level one.
- There was a chaperone policy and notice displayed in the waiting room and all clinical rooms advising patients of the chaperoning service and that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead and was supported by the practice manager who liaised with the local infection prevention teams to keep up to date with best practice.

Are services safe?

There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored in a locked cabinet and there were systems to monitor their use.
- Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGD's are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.
- There was an effective process for the storage and management of vaccines, these were stored in two fridges to ensure there was sufficient space for air circulation and temperatures were monitored twice daily.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out annual fire drills and weekly fire alarm testing. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.

- There was a protocol and failsafe system to ensure that all test results including pathology results were handled in a timely manner and negative results were dealt with on the same day they were received.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. All staff booked annual leave in advance and there was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in the practice which alerted staff to any emergency, there were also panic buttons in all rooms.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator and oxygen with adult and children's masks available on the premises and carried out weekly testing to ensure these were in good working order. A first aid kit and accident book was also available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and copies were held by staff members outside of the premises in case of restricted access to the building.