

Thatched House Medical Centre



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 Thatched House Medical Centre on 22 June 2016. The overall rating for the practice was requires improvement. The full comprehensive report published in September 2016 Month can be found by selecting the 'all reports' link for Thatched House Medical Centre on our website at www.cqc.org.uk.

This inspection was an announced follow up inspection on 28 April 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. There were breaches in infection control and governance procedures. There were also concerns with the training of staff members, significant event processes, Quality Outcomes Framework exception reporting levels, there being no hearing loop in the premises and the lack of extended hours appointments. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection. Overall the practice is now rated as good.

Our key findings were as follows:

- There was an up to date infection control audit and legionella risk assessment and the practice had carried out the actions identified as a result.
- Recruitment arrangements for newly appointed staff members followed national guidance; staff members had the appropriate checks including Disclosure and Barring Service checks carried out prior to employment.
- The practice had a clear vision and a strategy to deliver it; the vision was emailed to all staff members and displayed around the practice for staff and patients to see.
- All staff members had access to an online training portal and had completed all mandatory training and training relevant to their roles, this included chaperone training, fire training and infection control training. All staff had an appraisal documented in their record in the past 12 months.
- Significant events was standing agenda item at practice meetings, there were systems in place to analyse and identify themes from significant events and take appropriate action.
- The practice had disabled facilities including a hearing loop.

Summary of findings

- The practice was a part of the local HUB which provided GP appointments to their patients on weekends and when the practice was closed, the GP also worked at the HUB and patients knew the days when she was on duty. There were telephone consultations each day at the end of GP sessions including in the evening.

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



- There was an effective system for reporting and recording significant events, there was evidence of learning as a result of significant events and this was a standing agenda item at practice meetings.
- Infection control policies and practices were embedded into the daily running of the practice, there was an infection control audits and the actions identified as a result were carried out and all staff members had received infection control training appropriate to their role.
- When things went wrong patients received reasonable support, truthful information and a verbal and written apology. They were told about actions to improve processes to prevent the same thing from happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. This included staff training and access to policies which identified local safeguarding leads.
- Medicines management processes were in place to reduce the risk of harm to patients, this included an embedded prescribing policy and only GPs could issue high risk and controlled drugs.
- All staff members had completed mandatory training relevant to their role, which included fire safety and chaperone training.
- The practice completed a number of risk assessments, which included a fire risk assessment and weekly fire alarm testing was carried out. There was also a legionella risk assessment where the associated actions were routinely carried out.
- All electrical equipment in the practice was tested to ensure it was safe for use and clinical equipment underwent calibration to ensure that it was safe, in good working order and fit for purpose.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were aware of the practice vision and their responsibilities in relation to it. Copies of the practice vision statement was displayed around the practice for staff and patients to view, this was also emailed to all staff members.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings which all staff members were expected to attend.
- Staff had completed training appropriate to their roles and had access to training material through an online training portal, this included chaperone, safeguarding and fire training. All staff members had also received an appraisal.
- There was an overarching governance framework which supported the delivery of the strategy of good quality care. This included arrangements to monitor quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The GP and practice manager partner encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients', the patient participation group met regularly and made suggestions on how practice services could be improved.
- There was a strong focus on continuous learning and improvement at all levels.

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 28 April 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 28 April 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 28 April 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 28 April 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 28 April 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 28 April 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Thatched House Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection team consisted of a Care Quality Commission inspector.

Background to Thatched House Medical Centre

Thatched House Medical Centre provides GP primary care services to approximately 4000 people living in the Leytonstone area of London. The practice is a part of Waltham Forest Clinical Commissioning Group (CCG) and provides NHS primary medical services through 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 population served by the practice is an inner-city deprived area with high rates of deprivation. The practice has a larger number of patients aged 25 to 39 than the CCG and national average and 58% of the practice population has a long standing health condition, which is higher than the CCG average of 47% and the national average of 53%.

The practice is staffed by one female GP partner and a male sessional GP who complete a total of 18 sessions per week; there is also a female practice nurse who completes five sessions per week. Other staff members include a practice manager partner, an assistant practice manager and five reception/administration staff members.

The practice is open Monday to Friday between 9am and 6:30pm except for Fridays when the practice opens at 8:30am and Thursdays when the practice closes at 2pm. Phone lines are answered from 9am to 12:30pm and 2:30pm to 6:30pm, the locally agreed out of hours provider covers calls made to the practice when it is closed. Appointment times are as follows:

- Monday 9am to 10:50am and 4pm to 6:20pm.
- Tuesday 9am to 10:50am and 4pm to 6:20pm.
- Wednesday 9am to 10:50am and 4pm to 6:20pm.
- Thursday 9am to 2pm.
- Friday 9am to 10:50am and 4pm to 6:20pm.

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

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.

Why we carried out this inspection

We undertook a comprehensive inspection of Thatched House Medical Centre on 26 June 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires

Detailed findings

improvement in safe and well-led. The full comprehensive report following the inspection in June 2016 can be found by selecting the 'all reports' link for Thatched House Medical Centre on our website at www.cqc.org.uk.

Requirement notices were set for regulations 12 and 17 of the Health and Social Care Act 2008 and the provider was required to take the following action:

- Address identified concerns with infection prevention and control ensuring all staff received infection control training and audits are carried out.
- Ensure recruitment arrangements include all the necessary pre-employment checks for all staff members.
- Develop a clear vision for the practice ensuring it is shared with all staff members and they know their responsibilities in relation to it.

We undertook a follow up focused inspection of Thatched House Medical Centre on 28 April 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

We carried out a focused follow up inspection of Thatched House Medical Centre on 28 April 2017. This involved reviewing evidence that:

- The practice had addressed identified concerns with infection prevention control.
- Relevant staff had completed appraisals and completed their required training including infection control and chaperoning.
- Recruitment arrangements included necessary employment checks. • A clear vision and strategy had been developed and adopted by all staff members.
- Significant events were analysed.
- The practice had reviewed their exception reporting process with the aim of reducing it.
- The practice had considered installing a hearing loop.
- The practice had considered offering extended hours appointments to enable working age patients more options to access the practice out of core hours.

During our visit we:

- Spoke with a range of staff including a GP, practice manager and reception/administration staff members.
- Observed how patients were being cared for in the reception area.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

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 infection control, recruitment arrangements, significant events, chaperoning and training were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 28 April 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff reported significant events to the practice manager; events were then recorded in an incident book and on an electronic recording form. The incident reporting 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.
- There had been three significant events recorded in the past 12 months. Processes were in place to enable the investigations of such events and learning from them was a standing agenda item for the monthly team meetings. For example we viewed a significant event about a patient with dementia who attended the practice confused without their carer and the practice was unable to locate the patients' carer for over three hours. We saw that a practice meeting was held the same day especially to discuss the incident and actions were agreed, which included ensuring all contact details for carers were up to date and where possible record a mobile phone number. And for all patients with a carer record next of kin details to enable more than one contact option in cases of emergency, registration forms were also edited to reflect this.

Overview of safety systems and process

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff both on the computer

system and in hard copy and these were reviewed on an annual basis. GPs and the nurse had been trained to safeguarding children level three and non-clinical staff had been trained to level one.

- The premises were clean and tidy and there was evidence of daily documented cleaning by dedicated staff members.
- The practice had an infection control policy and an up to date infection control audit, which was completed in November 2016. The nurse was the infection control lead, we saw that all issues identified in the audit had been addressed by the practice. All staff had infection control training relevant to their role.
- The arrangements for managing medicines, including emergency medicines and vaccines, kept patients safe. This included obtaining, prescribing, recording, handling, storing, security and disposal of medicines. The practice carried out regular medicines audits with the support of the local CCG pharmacy teams to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Vaccines were stored securely and in line with manufacturer's guidelines. A daily temperature log was maintained with the use of a digital thermometer, which recorded the minimum, maximum and actual temperature to ensure that vaccines were always stored within the manufacturer's safe temperature range. All vaccines we viewed were in date and there was rotation, with the earliest expiry dates being closest to the front of the fridge.
- Patient Group Directions (PGDs) (written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment) had been adopted that enabled the practice nurse to administer medicines in line with legislation. We looked at a sample of PGDs held by the practice and found them to be up to date and appropriately signed.

- There was a notice in the waiting room and all consultation rooms which advised patients that chaperones were available if required. All staff who acted as a chaperone were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks

Are services safe?

identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- We reviewed two personnel files, which included the most recently employed members of the practice and found appropriate recruitment checks had been undertaken. For example, proof of identification, references, qualifications, registration with the appropriate professional body and appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patient safety were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available which identified local health and safety representatives. The practice had an up to date fire risk assessment and carried out regular fire alarm testing. All staff members had completed fire safety training and there was an annual fire drill.
- We saw certificates which showed that all electrical equipment was checked to ensure it was in good working order and calibration certificates for clinical equipment which ensured items were safe, in good working order and fit for purpose.
- The practice had an up to date legionella risk assessment and had carried out the actions identified as a result.
- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty at any given time including busy periods.

Arrangements to deal with emergencies and major incidents

- There was an instant messaging system on all the computers in the practice which alerted staff to an emergency.
- The practice manager with the support of the assistant practice manager maintained a record of all staff training, including the date of when training needed to be updated. The practice had signed up to an online training website that covered all training required for primary healthcare services. We saw evidence that all staff members had completed their mandatory training programme, which included basic life support, chaperoning, equality and diversity, fire safety and child safeguarding.
- Emergency medicines were securely stored in the treatment room and there were systems and processes for monitoring these to ensure they were in date and fully stocked.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The GP partner and practice manager kept copies offsite in case of an emergency that restricted access to the building. The plan included emergency contact numbers for staff members.

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 22 June 2016, we rated the practice as requires improvement for providing well-led services as there was limitations in the governance structure and practice processes.

These arrangements had significantly improved when we undertook a follow up inspection of the service on 28 April 2017. The practice is now rated as good for being well-led.

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement and staff knew and understood the values. All staff members had a copy of the mission statement emailed to them and this was also displayed in staff offices and the patient waiting area.
- The practice had an effective strategy and supporting business plans which reflected the vision and values and were regularly monitored. This included plans to relocate and merge with another practice in the summer of 2017.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and staff were aware of their own responsibilities as well as the roles of other staff members.
- Regular staff meetings were held and there was a standing agenda which included complaints, significant events, governance and any other business.
- Practice specific policies were implemented and were available to all staff members on the practices computer system and in hard copy.
- A comprehensive understanding of the performance of the practice was maintained and shared with relevant staff members.
- A programme of clinical audit was used to make improvements.

- There were arrangements for identifying, recoding and managing risks and issues and implementing mitigating actions.

Leadership and culture

On the day of re-inspection the GP partner and practice manager demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and individualised care. Staff we spoke with told us that the GP and manager were approachable and always took time to listen to all staff members.

The practice was aware of and had systems in place to ensure compliance with the requirements of 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The GP and manager encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.
- Incidents were always discussed with relevant staff members and where appropriate in a practice meeting where learning could be shared.

There was a clear leadership structure in place and staff felt supported by management.

- We saw that the practice held regular team meetings where all staff were expected to attend.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice and were encouraged to identify opportunities to improve the service delivered by the practice.

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

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.
- The practice had gathered feedback from staff through practice meetings, appraisals and general discussions. Staff told us they would not hesitate to give feedback stating that the practice manager had an open door policy where they could go and see her with any concerns, questions or issues at any time. Staff told us they felt involved and

engaged to improve how the practice was run and gave the example of implementing a log book of patients that the GP had requested to see due to results of a test, this book was checked weekly to ensure that no patients get missed.

Continuous improvement

There was a focus on learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area, which included the admissions avoidance service which aims to stop patients from being admitted to hospital, we saw that as a result of the practices high success rate they gave a presentation to local GPs on how to get the best from this service.