Laburnum Surgery

Inspection report

Laburnum Medical Group
14 Laburnum Terrace
Ashington
Northumberland
NE63 0XX
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Website: laburnumsurgery.co.uk

Date of inspection visit: 18 February 2019 and 22 February 2019
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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 location	Requires improvement
Are services safe?	**Requires improvement**
Are services effective?	**Inadequate**
Are services caring?	**Good**
Are services responsive?	**Good**
Are services well-led?	**Requires improvement**

Overall summary

This practice is rated as requires improvement overall. (Previous rating June 2018 – inadequate.)

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Inadequate

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Requires improvement

We carried out an announced comprehensive inspection at Laburnum Surgery, on 18 and 22 February 2019. At this inspection we followed up three breaches of regulations identified during our previous inspection, in June 2018.

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected.
- information from our ongoing monitoring of data about services and,
- information from the provider, patients and other organisations.

We have rated this practice as requires improvement overall.

We have rated the practice as **requires improvement** for providing safe and well led services because:

Although most of the shortfalls we identified at our last inspection had been fully addressed, we found there were still areas where the provider needed to improve, to demonstrate they could sustain improvements over time. In particular:

- Leaders were not fully engaged in local safeguarding processes.
- Leaders could not demonstrate staff were up-to-date with their routine immunisations.
- There were some shortfalls in the practice's systems for the appropriate and safe use of medicines.
- The practice's rate of antibiotic prescribing continued to be significantly higher than the local clinical commissioning group (CCG) and national averages.
- Checking that the practice's vaccine refrigerators were maintained in a clean condition, and that checks of the vaccine refrigeration temperatures were accurate and carried out consistently.
- The practice needs to continue to improve how they engage with patients.
- The practice needs to demonstrate that they can sustain improvements to their governance arrangements over time

We have rated the practice as **inadequate** for providing effective services because:

Although most of the concerns we identified at our last inspection had been fully addressed, we found there were still areas where the provider needed to improve, to demonstrate they could sustain improvements over time.

- The practice could not demonstrate they had a comprehensive planned programme of quality improvement.
- Outcomes for people who use services were below expectations, when compared to similar services, and this affected all population groups.

The lack of a systematic programme of clinical and internal audit impacted on all of the population groups. Also, the outcomes for working age patients and patients who experience poor mental health were below expectations, when compared to similar services and because of this, we have rated these two population groups as inadequate.

We rated the practice as **good** for providing caring services because:

- Staff treated patients with kindness and respect, and involved them in decisions about their care.

We rated the practice as **good** for providing responsive services because:

- The practice organised and delivered services to meet their patients' needs.
- Patients could access care and treatment in a timely way.

The overall rating for this practice was requires improvement due to concerns in providing safe,

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effective and well-led services. However, the population groups were rated as good for providing responsive services because patients could access timely and responsive care and treatment.

We found that:

- The provider had complied with the requirement notices we issued relating to: establishing and operating appropriate staff recruitment procedures; providing staff with appropriate support and appraisal, to enable them to carry out their duties. The provider had also complied with most aspects of the requirement notice relating to good governance.
- The practice had improved their systems and processes for keeping patients safe and safeguarded from abuse.
- The practice learnt and made changes when things went wrong.
- The practice had improved their arrangements for monitoring and reviewing activities, enabling them to have a better understanding of risks.
- The practice's systems and processes for ensuring the safe management of medicines had improved since our last inspection. This included improvements in the arrangements for antimicrobial stewardship. However, there were still some shortfalls in the practice's arrangements for ensuring the appropriate and safe use of medicines.
- The practice's arrangements for reviewing the effectiveness of the care staff provided to patients had improved since our last inspection. However, the practice did not have a planned systematic programme of clinical and internal audit, to help monitor and improve standards of care.
- The practice could demonstrate an improved Quality and Outcomes Framework (QOF) performance for 2018/19. However, outcomes for some of the population groups were still below expectations when compared to similar services.
- Overall, the practice could demonstrate that staff had the skills, knowledge and experience to carry out their roles.
- Overall, patients could access care and treatment in a timely way.
- Services were tailored to meet the needs of individual patients. They were delivered in a flexible way that ensured choice and continuity of care.
- The practice had improved and strengthened their governance and management arrangements. However, there were still shortfalls in these arrangements.
- The practice had developed a credible strategy to help them provide high-quality, sustainable care, and address the key challenges they faced.
- The practice had systems and processes for learning and continuous improvement.

The areas where the provider **must** make improvements are:

- Establish effective systems and processes to ensure good governance in accordance with the Fundamental Standards of Care.

The areas where the provider **should** make improvements:

- Record the outcome of their assessment of the ongoing prescribing competence of the nurse practitioner working at an advanced level.
- Improve how patients who are also carers are identified.
- Improve their arrangements for engaging with patients.
- Improve systems and processes for monitoring the practice's QOF performance and reduce those exception reporting rates that are higher than the local clinical commissioning group and national averages.
- Improve uptake rates for cervical, breast and bowel screening to bring them in line with the local CCG averages and national screening programme targets.
- Develop a succession plan, to help assure the future delivery of services.
- Engage with the local safeguarding network.
- Prepare a comprehensive schedule of quality improvement activities, to help drive targeted improvements at the practice.

This service was placed in special measures in September 2018. Insufficient improvements have been made such that there remains a rating of inadequate for providing effective services. Therefore, we are taking action in line with our enforcement procedures to begin the process of preventing

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the provider from operating the service. This will lead to cancelling their registration, or to varying the terms of their registration, within six months, if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within six months and, if there is not enough improvement, we will move to close the service by adopting our proposal to vary the provider's registration to remove this location, or cancel the provider's registration.

Details of our findings and the evidence supporting our ratings are set out in the evidence table.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Population group ratings

Older people	**Requires improvement**
People with long-term conditions	**Requires improvement**
Families, children and young people	**Requires improvement**
Working age people (including those recently retired and students)	**Inadequate**
People whose circumstances may make them vulnerable	**Requires improvement**
People experiencing poor mental health (including people with dementia)	**Inadequate**

Our inspection team

Our inspection team was led by a CQC lead inspector**.**
The team included a GP specialist adviser.

Background to Laburnum Surgery

Laburnum Surgery provides care and treatment to approximately 2,445 patients of all ages, based on a Primary Medical Services (PMS) contract. The practice is part of NHS Northumberland clinical commissioning group (CCG) and covers Ashington and the surrounding areas. The practice has one location which we visited as part of the inspection:

- Laburnum Surgery, 14 Laburnum Terrace, Ashington, Northumberland, NE63 0XX.

Information taken from Public Health England placed the area in which the practice is located in the second most deprived decile. This shows the practice serves an area where deprivation is higher than the England average. In general, people living in more deprived areas tend to have a greater need for health services. The practice has fewer patients under 18 years of age, and more patients over 65 years of age, than the England averages. The percentage of people with a long-standing health condition is above the England average, and the percentage of patients with caring responsibilities is below the England average. National data shows that 1.6% of the population are from an Asian background.

The practice is located on a main street, in a row of shops, and has been established for over 85 years. The premises have been adapted over the years and, provide patients who have mobility needs with access to ground floor treatment and consultation rooms. The practice team consists of: two GP partners who work part-time (one female and one male); a practice nurse (vacant), a practice manager; and a small team of administrative and reception staff. A locum nurse practitioner (female) was also in post at the time of our visit.

When the practice is closed, a message on the telephone answering system redirects patients to out of hours or emergency services, as appropriate. The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Vocare Limited, known locally as Northern Doctors Urgent Care Limited.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The provider had not established effective systems and processes to ensure good governance, in accordance with the fundamental standards of care. The provider did not have effective arrangements in place to assess, monitor and improve the quality and safety of the services provided. In particular, the provider did not have effective systems in place to: • Monitor the temperatures of the vaccine refrigerators. • Check that the vaccine refrigerators were maintained in a clean condition. • Demonstrate that all staff were up-to-date with their routine immunisations. • Share safeguarding information with health and social care professionals in a timely manner. This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.