

Leytonstone Medical Centre

Quality Report

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Date of inspection visit: 4 May 2017

Date of publication: 06/06/2017

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

The practice is rated good overall and good for providing safe services.

We carried out an announced comprehensive inspection of this practice on 26 January 2016. The overall rating for the practice was good. However, a breach of legal requirements was found during that inspection within the safe domain. After the comprehensive inspection, the practice sent us evidence and actions detailing what they would do to meet the legal requirements. We conducted a focused inspection on 4 May 2017 to check that the provider had followed their plans and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements.

During our previous inspection on 22 January 2016 we found the following area where the practice must improve:

- Ensure recruitment arrangements include all necessary pre-employment checks for all staff.

Our previous report also highlighted the following areas where the practice should improve:

- Carry out further clinical audits and re-audits to improve the quality of patient outcomes.

- Implement a system to monitor use of prescription pads.
- Ensure Patient Group Directives (PGDs) and Patient Specific Directives (PSDs) are consistently authorised.
- Ensure all staff receive annual (BLS) training in Basic Life Support.
- Ensure Legionella water testing is carried out regularly and regular fire drills are undertaken.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link on our website at www.cqc.org.uk

During the inspection on 4 May 2017 we found:

- Arrangements were in place include all necessary pre-employment checks for all staff.
- The practice had undertaken several completed audits that improved patient outcomes.
- Effective systems were in place to monitor the use of prescription pads.
- All staff had received annual Basic Life Support (BLS) training.
- Staff had conducted regular fire drills and Legionella water testing had been undertaken.

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 now rated good for delivering safe services.

At our last inspection on 26 January 2016 we found that most safety systems and processes and monitoring risks to patients were well managed. However, there were gaps in arrangements for Legionella water testing and fire drills, staff basic life support training and recruitment checks, and monitoring the use of prescriptions, Patient Group Directions (PGDs) to allow nurses to administer medicines in line with legislation and Patient Specific Directions (PSDs) to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.

At this inspection, we found that the practice had implemented actions to ensure that all these issues had been fully addressed. Effective arrangements for PGDs, PSDs and tracking of blank prescriptions were in place. Systems to ensure regular Legionella water testing were in place and water was certified safe. Fire drills were carried out regularly and learning points were noted and actioned by staff. Staff had received BLS training and the practice changed its systems for recruitment checks to ensure all were undertaken before employment.

Good



Summary of findings

Leytonstone Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Leytonstone Medical Centre

The Leytonstone Medical Centre works closely together and shares management and HR teams with two further practices (i) The Stratford Village Surgery, 50C Romford Road, London, E15 4BZ, and (ii) E12 Health, 1st Floor, The Centre, 30 Church Road, London, E12 6AQ.

All three practices operate as part of the First 4 Health Group <http://www.first4healthgroup.co.uk/> and are situated within the NHS Newham Clinical Commissioning Group. They have separate lists of patients and are registered as separate locations with the Care Quality Commission.

The Leytonstone Medical Centre holds a General Medical Services contract (General Medical Services agreements are locally agreed contracts between NHS England and a GP practice). It provides a full range of enhanced services to approximately 4,000 patients including avoiding patients' unplanned admissions into hospital, immunisations, and child immunisations. It is registered with the Care Quality Commission to carry on the regulated activities of Maternity and midwifery services, Family planning services, Treatment of disease, disorder or injury, and Diagnostic and screening procedures.

The staff team at the practice includes recently appointed Local Medical Director who provides clinical leadership at

the practice (providing 6 sessions per week), two salaried GPs (one part time female GP providing four sessions per week and one part time male GP providing three sessions per week), two part time practice nurses (one female working nine hours and one male working six hours per week), two part time health care assistants (one working 20 hours and the other working six hours per week), an operations manager, and a team of administrative staff (working a mix of part time hours). The Leytonstone Road Medical Centre rarely uses locum GPs because the team of GPs mostly cover absences themselves.

The practice is open from 8.30am 6.30pm every weekday and phone lines are open all day from 9.00am to 6.00pm, except Thursdays which is a half day when the practice closes at 1.00pm. Outside these hours patient calls are automatically transferred to the Newham GP CO-OP service. The practice also offers extended opening through a hub network of 22 local practices every weekday until 9.30pm and from 9.00am until 12.30pm on Saturdays. The practice has developed its IT systems to provide online and digital services for patients via an app. It is part of a hub of practices providing integrated extended hours access for patients in Newham. The practice offices are mostly paperless. Appointments at the Leytonstone Road Medical Centre are available from 9.00am until 5.50pm every weekday except Thursday including home visits and telephone appointments. Pre-bookable appointments are available including online in advance and urgent appointments for people that need them. Patients telephoning for an out of hours appointment are directed to the deputising service when both the Leytonstone Road Medical Centre and Stratford Village Surgeries are closed.

The practice is located in one of the most deprived and diverse areas in England, it has a lower percentage than the

Detailed findings

national average of people aged over 65 years (8% compared to 17%) and a has the same percentage than the national average of people whose working status is unemployed (4%).

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 on 4 May 2017 as part of our regulatory functions. This inspection was planned to check whether the provider was 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

During our visit we:

- Spoke with a range of staff (The registered manager and clinical lead GPs, nurse practitioner, human resources manager, premises manager, operations managers and the quality and performance manager).
- Reviewed practice documentation.

Please note that when referring to information throughout this report relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our last inspection on 26 January 2016 we found that most safety systems and processes for monitoring risks to patients were well managed. However, there were gaps in arrangements for Legionella water testing and fire drills, staff basic life support training and recruitment checks, monitoring the use of prescriptions, Patient Group Directions (PGDs) to allow nurses to administer medicines in line with legislation and Patient Specific Directions (PSDs) to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.

All these arrangements had significantly improved when we undertook a follow up inspection on 4 May 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and processes

At our previous inspection we found all prescription pads were securely stored however there was no record of serial numbers of prescription pads to monitor their use. During this inspection prescriptions storage remained secure and the practice had implemented a new monitoring system to ensure each prescriptions box number and printer pad were logged according to serial number, clinician and whether opened or in use. There was one prescription pad that was rarely used and a system was in place to ensure clinicians logged each of these prescription issued according to serial number. Effective systems were in place to prevent prescriptions theft or fraud.

At our previous inspection Patient Group Directions (PGDs) used by the practice to allow nurses to administer medicines in line with legislation had not been authorised and signed by the relevant clinicians. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). Patient Specific Directions (PSDs) form to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises did not list patients specifically and separately as required. (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis). After the previous

inspection the practice sent us evidence that it had completed and implemented PGDs and PSDs as required. At this inspection the practice had implemented electronic systems for both PGDs and PSDs. All were appropriately authorised and scanned copies of PGDs were held with corresponding trigger expiry dates to prompt staff to update them where necessary. The practice had implemented a patient specific PSD authorisation that was held electronically within each patient's personal clinical records and was authorised by the prescribing GP in advance.

At our previous inspection we found all clinicians had appropriate qualifications and were registered with the appropriate professional body but appropriate recruitment checks had not always been undertaken prior to employment. During this inspection the practice showed us its employment log that demonstrated it had made checks and maintained records for staff where gaps had previously been identified, as well as for newly recruited staff. Effective systems were in place to ensure relevant checks were undertaken for employees including external professional references and Disclosure and Barring Service (DBS) checks. (DBS checks 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). In addition, staff advised us the Human Resources Manager had started a CIPD (Chartered Institute of Personnel and Development) accredited Human Resources Diploma.

Monitoring risks to patients

At our previous inspection we found the practice had up to date fire risk assessments but had not carried out a fire drill and Legionella checks had not been carried out (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). At this inspection we the practice provided evidence it had carried out several fire drills as well as Legionella water testing and certificate showing the water had been confirmed as safe.

Arrangements to deal with emergencies and major incidents

At our previous inspection we found all staff received basic life support training, however some had not been trained within the last year. At this inspection all staff had received annual basic life support training. The practice held and

Are services safe?

maintained a training log with dates of when staff members completed their BLS training that included a trigger system which automatically turned red when the training required an update.