

Dr James Lawrie

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



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 18 February 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 12 June 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 18 February 2016 we found the following area where the practice must improve:

- Ensure a system for production of Patient Specific Directions (PSDs) to enable nurses to administer specific injectable medicines such as vitamin B12, Depo-Provera and Yellow Fever vaccinations as required.

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

- Consider increasing the frequency of basic life support training for non-clinical staff.
- Implement robust arrangements to assess and manage processes such as the cold chain, and recruitment procedure and all necessary pre-employment checks for all staff.

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 12 June 2017 we found:

- Appropriate PSDs were in place to enable nurses to administer specific injectable medicines in line with legislation.
- Effective arrangements were in place to ensure staff pre-employment checks and basic life support (BLS) training.
- There were systems to maintain the cold chain for safe storage of refrigerated medicines.

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 good for delivering safe services.

There were effective arrangements for PSDs and systems to store refrigerated medicines safely were in place. Staff had received annual BLS training and the practice had changed its systems for recruitment checks to ensure all were undertaken before employment.

Good



Dr James Lawrie

Detailed findings

Background to Dr James Lawrie

Dr James Lawrie, also known as the Royal Docks Medical Practice is situated on the ground floor of the Royal Docks Medical Centre and is within NHS Newham Clinical Commissioning Group (CCG). It provides services to approximately 9,150 patients under a Personal Medical Services (PMS) contract and is roughly two minutes' walk from Cyprus DLR station. The practice has step free access, a disabled toilet, and a hearing loop on reception. It provides a full range of enhanced services including diabetes, extended hours, and NHS health checks. It is registered with the Care Quality Commission to carry on the regulated activities of Maternity and midwifery services, Family planning services, Surgical procedures, Treatment of disease, disorder or injury, and Diagnostic and screening procedures.

The staff team at the practice includes the full time male lead GP working nine sessions per week, one part time salaried male GPs (working six sessions per week), five part time salaried female GPs (two working six sessions per week, one working four sessions per week, and two working five sessions per week) and two full time female practice nurses. There is one part time female psychologist working two sessions per week, a full time practice manager, and a team of reception and administrative staff (working a mix of part time hours). The practice is a teaching and training practice and has two GP registrars, one male and one female (one full time and one working at 0.8% of full time equivalent). The practice very rarely uses locum GPs and several GPs who trained at the practice had stayed on to work there as salaried GPs.

The practice core opening time is from 8am to 6.30pm every week day. It has extended opening every week day until 7.00pm except Thursday when it is open until 9.30pm, and on Saturdays from 9.00am to 12.30pm for working patients who cannot attend during normal opening hours. GP and nurse appointments are available from 8.30am to 12.30pm and from 1.50pm to 7.00pm every weekday evening except Thursdays when they are available until 8.30pm. Saturday GP appointments are between 9.00am and 12.30pm. The practice offers further extended opening through a hub network of local practices every weekday until 9.30pm. Pre-bookable appointments are available including online in advance. Home visits, telephone appointments and urgent appointments are available for people that need them. Patients telephoning out of hours are transferred automatically to the local out of hours provider.

The information published by Public Health England rates the level of deprivation within the practice population group as four on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The practice has large groups of Bengali and Eastern European patients and a high proportion of student patients on its list due to being in very close proximity to the University of East London campus. It has a lower percentage than the national average of people aged over 65 years (4% compared to 17%).

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 12 June 2017 as part of our regulatory functions. This inspection was planned to check whether the provider was

Detailed findings

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

We carried out a focussed follow up inspection of Dr James Lawrie on 12 June 2017.

This involved reviewing evidence that:

- PSDs (Patient Specific Directions) were in place, had been reviewed, signed and authorised in accordance with national guidelines for nurses administering medicines at the practice.
- Arrangements to maintain safe storage of refrigerated medicines.
- Relevant staff recruitment checks or associated risk assessment where appropriate and staff Basic Life Support (BLS) training was undertaken.

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 last inspection on 18 February 2016 we found that most safety systems and processes for monitoring risks to patients were well managed. However, there were gaps or weaknesses in arrangements for safe medicines management such as safe storage of refrigerated medicines and Patient Specific Directions (PSDs) to allow nurses to administer injectable medicines in line with legal requirements.

These arrangements had significantly improved when we undertook a follow up inspection on 12 June 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and processes

At our previous inspection 18 February 2016 the practice did not have systems for in the event of medical refrigerator temperatures going out of range or to produce Patient Specific Directions to enable nurses to administer injectable medicines in accordance with legislation such as vitamin B12, Depo-Provera and Yellow Fever vaccinations. Immediately after the previous inspection the practice sent us evidence of appropriate PSDs and an updated cold chain policy that included actions in event of medical refrigerator temperatures going out of range.

During this inspection we followed up to ensure appropriate arrangements were being implemented and found there was an appropriate policy in place for in the event of medical refrigerator temperatures going out of range. PSDs were being used by the practice to allow nurses to administer medicines in line with legislation.

At the previous inspection we found appropriate recruitment checks had been undertaken prior to employment for clinical staff. However, one non clinical staff member only had one references check and checks through the Disclosure and Barring Service (DBS) were not routinely undertaken for non-clinical staff and the risk had not been assessed. The practice told us it would undertake DBS checks for all staff and sent us an updated recruitment policy which included required pre recruitment checks, and a risk assessment template for non-clinical staff that were currently employed without a DBS check.

During this inspection we found appropriate staff recruitment checks had been undertaken prior to employment for newly recruited staff. The practice continued to operate an appropriate DBS risk assessment protocol for the event of any gap in DBS checks for non-clinical staff. The protocol included appropriate considerations such as whether the post involved one to one contact with children, young people and/ or vulnerable adults.

Arrangements to deal with emergencies and major incidents

At our previous inspection 18 February 2016 some non-clinical staff had not been trained in basic life support within the last year. At this inspection non-clinical staff had had received appropriate annual basic life support training.