

Lostock Hall Medical Centre

Inspection report

Brownedge Road
Lostock Hall
Preston
PR5 5AD
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www.lostcokhallmedicalcentre.co.uk

Date of inspection visit: 5 December 2019
Date of publication: 28/01/2020

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?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection at Lostock Hall Medical Centre on 5 December 2019. The provider of the service had been inspected previously at a different location address. This location was registered in March 2019 and this was the first inspection of this service.

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, the public and other organisations.

We have rated this practice as requires improvement overall and good for all population groups.

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

- There were gaps in systems and processes to keep patients safe; safety systems were not assured.
- The practice governance arrangements were not always effective and there were gaps in systems to manage risks.

We rated the practice as **good** for providing effective, caring and responsive services because:

- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care. Patient feedback was consistently positive.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

We saw the following outstanding practice:

- The provider evidenced a consistently high level of patient engagement. They used a Heritage Lottery funded project to involve patients in the move to the new surgery premises. The practice ran reminiscence workshops which helped to promote wellbeing, combat isolation and encourage socialisation for patients. Patients told us they felt improved ownership of the surgery.

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

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

(Please see the specific details on action required at the end of this report).

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

- Ensure comprehensive information relating to the practice is made available to all new GP locum staff.
- Review the policy for managing patient urgent two-week-wait referrals to ensure it reflects best practice.
- Improve the documentation of clinical discussion regarding changes in best practice guidelines.

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

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

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Our inspection team

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

Background to Lostock Hall Medical Centre

Summary here

Lostock Hall Medical Centre is situated in the Lostock Hall area of Preston. It is sited in a three-storey, recently refurbished Victorian building at Dardsley House, Brownedge Rd, Lostock Hall, Preston PR5 5AD which it has occupied since March 2019. The practice provides level access for patients to the building and has disabled facilities available. There is on-site car parking for patients and good access to public transport. The provider is registered with CQC to deliver the regulated activities; diagnostic and screening procedures, maternity and midwifery services, family planning, surgical procedures and treatment of disease, disorder or injury.

There is one female GP assisted by a female salaried GP for one day each week, two regular locum GPs, one advanced nurse practitioner for one day a week and two practice nurses. The practice has also recently recruited a nurse practitioner and a healthcare assistant who are due to start in January 2020. A practice manager, a medicines co-ordinator and seven administrative and reception staff also support the practice.

The practice is part of the Greater Preston Clinical Commissioning Group (CCG) and services are provided

under a General Medical Services Contract (GMS). The provider is also part of the Ribble Medical Group primary care network (PCN) with six other local practices. They have access to the services of a social prescriber and a clinical pharmacist through their membership of the PCN.

The practice provides services to approximately 4,340 patients. There are the same numbers of patients aged under 18 years of age (21%) as the national average and the same numbers of patients aged over 65 years of age (17%) as the national average.

Information published by Public Health England rates the level of deprivation within the practice population group as eight on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The practice has the same proportion of patients experiencing a long-standing health condition, 51%, as the national average. The proportion of patients who are in paid work or full-time education is 58% which is below the local average of 64% and national average of 62%, and the proportion of patients who are unemployed is 5% which is above the local and national average of 4%.

When the practice is closed, patients are able to access out of hours services by telephoning NHS111.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met...</p> <p>Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular:</p> <ul style="list-style-type: none">• Risk assessments for new staff were not completed in a timely way and some documents required by schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were missing.• There was no legionella risk assessment completed. <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• Some actions identified by the building fire risk assessment had not been carried out and areas identified as non-compliant in the infection prevention and control audit had not been addressed.• Medicines for use in an emergency were not securely stored and loose prescriptions were not kept safely or monitored.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met...</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p>

This section is primarily information for the provider

Requirement notices

- There was no management oversight of clinical staff membership of professional bodies, staff immunisation status and overall staff training.
- The system to enable staff to report, record and learn from significant events and incidents was ineffective.
- Staff did not always follow the practice complaints policy and systems to share learning from complaints were not timely.