

Lister House Surgery - Luton

Inspection report

473 Dunstable Road
Luton
Bedfordshire
LU4 8DG
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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?

Good 

Are services effective?

Requires improvement 

Are services caring?

Requires improvement 

Are services responsive?

Requires improvement 

Are services well-led?

Requires improvement 

Overall summary

We undertook a comprehensive inspection of Lister House Surgery on 18 and 19 June 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The overall rating for the practice was inadequate and the practice was placed into special measures for a period of six months. We undertook a further announced comprehensive inspection of Lister House Surgery on 14 February 2019. This inspection was carried out following the period of special measures to see if improvements had been made and to assess whether the practice could come out of special measures. The practice continued to be rated as inadequate overall and remained in special measures for a further period of six months. The full comprehensive reports on the June 2018 and February 2019 inspections can be found by selecting the 'all reports' link for Lister House Surgery on our website at

At the time of the June 2018 inspection the practice was led by two GP partners. Since the inspection, one of the GP partners resigned and a new partnership of three GPs was formed as a new provider. The new provider name is Dr Ihonor and Partners and the location is now known as Lister House Surgery – Luton.

This announced comprehensive inspection on 11 September 2019 was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

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 requires improvement for all population groups.

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

- Systems and processes were in place to safeguard patients.
- Staff had received the appropriate training for their role.
- Risk assessments were in place to protect patients from harm.

- The practice identified and learnt from significant events. The learning was shared with all practice staff.
- Recruitment checks were carried out for all staff. We found a full immunisation status record had not been kept for two new employees. This was immediately rectified on the day of the inspection.
- The practice carried out audits to ensure the patients who were prescribed high risk medicines had received appropriate blood monitoring. We found one patient had not received blood monitoring. The practice contacted the patient straight away to arrange for a blood test to be completed.

We rated the practice as **requires improvement** for providing effective services because:

- The practice's performance on quality indicators for patients was below local and national averages in some areas.
- Unverified data supplied by the practice demonstrated some improvement had been made in the practice's performance on quality indicators for patients with long term conditions.
- The practice had taken measures to increase the uptake of baby immunisations and cervical screening.
- Clinical audits were undertaken to demonstrate quality improvement.

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

- Some of the results of the National GP Patient survey had decreased from the previous year.
- Less than 1% of patients had been identified as a carer.
- Feedback from patients on the CQC comments cards, the practice's own survey and the NHS Friends and Family Test was positive regarding the care received.

We rated the practice **requires improvement** for providing responsive services because:

- Complaints were not handled in line with the practice's documented policy and recommended guidelines.
- Improvements had been made to the practice that had resulted in an increase in patient satisfaction.

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

Overall summary

- There were failings in some of the governance arrangements, specifically in relation to complaints management, recruitment procedures and high risk medicines monitoring.
- Improvements had been made to the clinical and operational management within the practice.

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.

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

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

- Continue to take actions to improve the practice's performance on quality indicators.

- Make improvements to cancer detection and screening rates.
- Take actions to continue to improve the levels of patient satisfaction.
- Improve the identification of patients who have caring responsibilities.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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	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)	Requires improvement 
People whose circumstances may make them vulnerable	Requires improvement 
People experiencing poor mental health (including people with dementia)	Requires improvement 

Our inspection team

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

Background to Lister House Surgery - Luton

Lister House Surgery - Luton provides a range of primary medical services to the residents of Luton. The service is provided from the registered location of Lister House Surgery - Luton, 473 Dunstable Road, Luton, Bedfordshire, LU4 8DG. Online services can be accessed from the practice website

The regulated activities registered to provide are:

- Diagnostic and screening procedures
- Family planning
- Maternity and midwifery services
- Surgical procedures
- Treatment of disease, disorder or injury

The practice has approximately 7100 patients. The practice population is of mixed ethnicity with an average age range. National data indicates the area is one of mid deprivation.

The practice has three male GP partners. They use two regular female GP locums to support the clinical team. The nursing team consists of a locum advanced nurse practitioner, a nurse practitioner, a practice nurse and a health care assistant, all female. There is a practice manager and deputy practice manager who lead a team of administrative and reception staff. The practice has a registered manager in place. A registered manager is an individual registered with CQC to manage the regulated activities provided.

Lister House Surgery is open from 8.30am to 6.30pm Monday to Friday with the telephone lines open from 8am. On Saturdays the practice is open from 8am to 12pm for pre-bookable appointments. When the practice is closed out-of-hours services are provided by Herts Urgent Care and can be accessed via the NHS 111 service.

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: There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance. In particular we found: <ul style="list-style-type: none">• Full immunisation records had not been sought for new staff members.• Despite arrangements in place for the monitoring of patients prescribed high risk medicines a prescription had been issued without the appropriate monitoring.• The complaints procedure was not followed so complaints were not managed in line with current guidelines.