

Dr Ericson Laudato

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 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Ericson Laudato on 10 March 2016. The overall rating for the practice was Good. The full comprehensive report on the March 2016 inspection can be found by selecting the 'all reports' link for Dr Ericson Laudato on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 4 May 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 10 March 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as Good.

Our key findings were as follows:

At the inspection on 10 March 2016, the practice was rated overall as 'good'. However, within the key question safe, areas were identified as 'requires improvement', as the practice was not meeting the legislation around ensuring that staff providing care or treatment to patients

had the qualifications, competence, skills and experience to do so safely and in ensuring patients were fully protected against the risks associated with the recruitment of staff. There were deficiencies in the documentary evidence for safeguarding training of one member of the clinical staff and the documentation of appropriate pre-employment checks. The practice was issued a requirement notice under Regulation 12, Safe care and treatment and under Regulation 19, Fit and proper persons employed.

Other areas identified where the practice was advised they should make improvements with the key question of safe included:

- Ensure clinical meetings are minuted to provide an audit trail of discussion and agreed decisions and actions.
- Consider placing details of external safeguarding contacts within the practice's safeguarding children policy.
- Ensure portable appliance testing arranged for immediately after the inspection is completed.

Summary of findings

- Secure with the landlord of the premises the completion of planned works in the patient toilets and the implementation of action arising from the recent legionella risk assessment.
- Organise and document regular fire drills.

At our May 2017 inspection we reviewed the practice's action plan submitted in response to our previous inspection and a range of supporting documents which demonstrated they are now meeting the requirements of Regulation 12, Safe care and treatment, and Regulation 19, Fit and proper persons employed, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The practice also demonstrated improvement in the other areas identified in the report from March 2016 which did not affect ratings. These improvements have been documented in the safe section, showing how the registered person has demonstrated continuous improvement since the full inspection.

Areas identified at the March 2016 inspection where the practice was advised they should make improvements within other key questions of effective and well-led included:

- Ensure arrangements for the completion of outstanding appraisals for administrative staff are concluded.
- Continue discussions with patients about setting up a patient participation group.
- Display information in the patient waiting area about the practice's vision and values.

At our May 2017 inspection we found appraisals for administrative staff were up to date and complete.

We saw correspondence with patients inviting them to join a patient participation group (PPG). Despite these attempts the practice had still been unsuccessful in encouraging patients to join a PPG. However, the practice continued to seek patient feedback through other means including an ongoing patient satisfaction survey and the NHS Friends and Family test. We reviewed the latest responses to these and they were all positive about the care and treatment received.

The practice vision and values were now on display in the reception area.

However, there were areas of practice where the provider needs to make further improvements. In particular, the provider should:

- Ensure all electrical equipment is PAT tested at the annual inspection and testing of medical equipment arranged for July 2017.
- Complete the outstanding remedial action identified in the legionella risk assessment.
- Consider establishing a 'virtual' PPG (for example via email) to encourage patient participation in practice development and improvement.

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 as good for providing safe services.

Concerns identified at our previous inspection of March 2016 had been addressed in most respects.

- There was an effective system in place for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice. Practice meetings were now minuted and discussion was recorded of significant events when they occurred.
- All staff had received safeguarding training relevant to their role.
- There were appropriate recruitment policies and procedures in place including arrangements for pre-employment checks.
- Risks to patients were assessed and arrangements were in place for managing and mitigating those risks. There were now regular fire drills and arrangements were in hand to ensure the testing of all electrical equipment and the completion of remedial work arising from a legionella risk assessment.

Good



Are services effective?

The practice is rated as good for providing effective services.

This rating was given following the comprehensive inspection in March 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



Are services caring?

The practice is rated as good for providing caring services.

This rating was given following the comprehensive inspection in March 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

This rating was given following the comprehensive inspection in March 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



Summary of findings

Are services well-led?

The practice is rated as good for providing well-led services.

This rating was given following the comprehensive inspection in March 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

This rating was given following the comprehensive inspection in March 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



People with long term conditions

The practice is rated as good for the care of people with long term conditions.

This rating was given following the comprehensive inspection in March 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people.

This rating was given following the comprehensive inspection in March 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students).

This rating was given following the comprehensive inspection in March 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

This rating was given following the comprehensive inspection in March 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

This rating was given following the comprehensive inspection in March 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



Summary of findings

Areas for improvement

Action the service SHOULD take to improve

- Ensure all electrical equipment is PAT tested at the annual inspection and testing of medical equipment arranged for July 2017.
- Complete the outstanding remedial action identified in the legionella risk assessment.
- Consider establishing a 'virtual' PPG (for example via email) to encourage patient participation in practice development and improvement.

Dr Ericson Laudato

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector who carried out a focused inspection visit.

Background to Dr Ericson Laudato

Dr Ericson Laudato provides primary medical services through a General Medical Services (GMS) contract within the London Borough of Westminster. The practice is part of NHS Central London (Westminster) Clinical Commissioning Group and provides services from a single location at Mayfair Medical Centre to around 2,500 patients. The practice has lower than average numbers of patients in the 0-19 age groups. Twenty eight percent of the practice population are from a black and minority ethnic (BME) population.

At the time of our inspection, there were two GPs (both male) (1 whole time equivalent (WTE) employed at the practice. The practice also employed a part-time practice nurse and regular locum nurse (0.5 WTE), a health care assistant (0.7 WTE) and three reception/administrative staff (2.6 WTE). The practice manager post was vacant at the time of our inspection and the duties of the post were being covered by the two GPs and a senior administrator. The practice was planning to recruit a new practice manager but was in the early stages of the process and had not yet advertised the post.

The practice is open between: 8.30am and 5.00pm Monday and Friday; 8.30am and 7.00pm Tuesday and Thursday; and 8.30am to 12.30pm Wednesday. The practice runs an open (walk-in) surgery from 8.30am to 10.30am daily and

provides booked appointments daily (except Wednesday) from 3.30pm to 5.00pm. Later evening surgeries are offered up to 7.00pm on Tuesday and Thursday. In addition to pre-bookable appointments, urgent appointments are also available for people that need them. The practice provides its own out of hours service. Patients are provided with the number to call to contact one of the GPs outside surgery hours. The GP provides telephone advice or arranges a home visit if needed.

The practice is a training practice and medical students work at the practice throughout their training.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Ericson Laudato on 10 March 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall but requires improvement for providing safe services. The full comprehensive report following the inspection in March 2016 can be found by selecting the 'all reports' link for Dr Ericson Laudato on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Dr Ericson Laudato on 4 May 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

We carried out a focused follow up inspection of Dr Ericson Laudato on 4 May 2017. This involved in particular reviewing evidence that:

Detailed findings

- There was documentation to show all relevant staff had completed their required safeguarding children training.
- Appropriate pre-employment checks were documented in staff records.
- Reviewed feedback where patients and members of the public shared their views and experiences of the service.
- Looked at a selection of practice policies, procedures and information relevant to the areas of follow up.

During our visit we also:

- Spoke with the provider (principal GP) to review action taken to address areas where improvements were necessary in response to our previous inspection in March 2016.

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

Are services safe?

Our findings

At our previous inspection on 10 March 2016, we rated the practice as requires improvement for providing safe services as there were deficiencies in the documentary evidence for safeguarding training of one member of the clinical staff and in the documentation of appropriate pre-employment checks, in particular with regard to references.

Other areas identified where the practice was advised they should make improvements in providing safe services included the need to ensure clinical meetings were minuted to provide an audit trail of discussion and agreed decisions and actions, in particular with regard to significant events; to consider placing details of external safeguarding contacts within the practice's safeguarding children policy; ensuring portable appliance testing arranged for immediately after the inspection was completed; securing with the landlord of the premises the completion of planned works in the patient toilets; completing the implementation of action arising from a legionella risk assessment; and organising and documenting regular fire drills.

The provider had addressed these concerns in most respects when we undertook a follow up inspection on 4 May 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

Practice meetings were now minuted and we saw from reviewing the minutes of the most recent meetings that discussion was recorded of significant events when they occurred.

Overview of safety systems and process

We reviewed the practice's safeguarding children policy which now included details of who to contact for further guidance if staff had concerns about a patient's welfare. However, the details were not specific to the locality and during the inspection the practice took action to update the details to match the local details displayed in reception and in all rooms. The records of safeguarding training were now available for all staff and all had completed updated training. GPs were trained to child protection or child safeguarding level 3, nurses to level 2 and administrative staff to level 1.

The practice had not recruited any new staff since our previous inspection but had reviewed its recruitment policy and had arrangements in place to ensure appropriate pre-employment checks were undertaken including proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). Two long-standing administrative staff had not been DBS checked but immediately after the inspection the practice produced a written risk assessment stating the reason for not doing so and the action taken to mitigate any risk. The practice was also in the process of drafting a comprehensive 'new starter pack', which included pre-employment documentation checks. We were shown the latest draft of the documents which comprised the pack.

Monitoring risks to patients

At our inspection in March 2016 we noted that inspection panels were open in the two patient toilets as a result of continuing investigations of a water leak. At our latest inspection we found the practice had taken action to secure with the landlord of the premises the completion of planned work to resolve this issue. We observed during the inspection the work was complete and the inspection panels were back in place and closed.

Regular fire evacuation drills were carried out every 3-4 months and we saw the records that were now in place to show evidence of this.

At our previous inspection there had been no recent testing of electrical equipment to ensure the equipment was safe to use. During the inspection the practice arranged for a portable appliance test (PAT) to take place in the week immediately following the inspection. We saw the records for this at our latest inspection. However, the PAT test only covered medical equipment such as the ECG machine and vaccination fridge. The practice had understood that the CCG who supplied electrical equipment such as computers and printers were responsible for arranging the PAT testing of this equipment. However, on reviewing this immediately after our latest inspection they established this was not the case and the practice was responsible. The practice therefore arranged for all electrical equipment to be PAT tested at the annual inspection and testing of medical equipment arranged for July 2017. We saw the correspondence for this with the testing company.

Are services safe?

At our previous inspection we found a legionella risk assessment had been completed in February 2016 and implementation of the action plan was under discussion with the premises landlords. Responsibility for the action

between the two parties had since been resolved and at our latest inspection action was in hand for a further visit by the external contractor to take the remedial action identified.

Are services effective?

(for example, treatment is effective)

Our findings

Please note this is a focused follow up inspection of safe care and treatment under the key question safe. We did not review this key question.

Please refer to the March 2016 comprehensive inspection report for this service that is available on our website at the following website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Are services caring?

Our findings

Please note this is a focused follow up inspection of safe care and treatment under the key question safe. We did not review this key question.

Please refer to the March 2016 comprehensive inspection report for this service that is available on our website at the following website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Please note this is a focused follow up inspection of safe care and treatment under the key question safe. We did not review this key question.

Please refer to the March 2016 comprehensive inspection report for this service that is available on our website at the following website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Please note this is a focused follow up inspection of safe care and treatment under the key question safe. We did not review this key question.

Please refer to the March 2016 comprehensive inspection report for this service that is available on our website at the following website:

<http://www.cqc.org.uk/search/services/doctors-gps>