

Laburnum Health Centre

Inspection report

Althorne Way
Dagenham
RM10 7DF
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www.laburnumhealth.co.uk

Date of inspection visit: 27 July and 17 August 2022
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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?		Requires Improvement	
Are services effective?		Requires Improvement	
Are services caring?		Good	
Are services responsive to people's needs?		Requires Improvement	
Are services well-led?		Requires Improvement	

Overall summary

We carried out an announced comprehensive inspection at Laburnum Health Centre on 17 July and 17 August 2022. Overall, the practice is rated as Requires Improvement.

Safe - requires improvement.

Effective -requires improvement.

Caring – good.

Responsive - requires improvement.

Well-led - requires improvement.

Following our previous inspection on 6 April 2022, the practice was rated as requires improvement for providing a responsive service.

This was because:-

- Patients still could not always access care and treatment in a timely way.
- Complaints were not always used to improve the quality of care.

The full reports for previous inspections can be found by selecting the 'all reports' link for Laburnum Health Centre on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this inspection to follow up breaches of regulation from the previous inspection.

How we carried out the inspection.

This included:

- Conducting staff interviews.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A site visit.

Our findings

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.
- Information from the provider, patients, the public and other organisations.

Overall summary

We found that:

We rated safe as requires improvement because:

- The systems to assess, monitor and manage, safeguarding, medicines, risks to patient safety, significant events and information to deliver safe care and treatment were not always effective.

We rated effective as requires improvement because:

- Patients' needs were not always assessed and care and treatment was not always delivered in line with current legislation.

We rated responsive as requires improvement because:

- Patients' needs were not always assessed and care and treatment was not always delivered in line with current legislation.

We rated well-led as requires improvement because:

- There was no emphasis on the safety and wellbeing of staff.
- Leaders could not demonstrate that they had the capacity and skills to deliver high quality sustainable care.
- The overall governance arrangements were sometimes ineffective.

We rated caring as good because:

- The national GP survey provided positive results.

We found two breaches of regulations. The provider **must**:

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

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

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services.

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor who spoke with staff and completed clinical searches and records reviews.

Background to Laburnum Health Centre

Laburnum Health Centre is located at

Althorne Way,

Dagenham,

Essex,

RM10 7DF

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury and surgical procedures.

The practice is situated within the North East London Integrated Care System (ICS) and delivers Personal Medical Services (PMS) to a patient population of about 9,669. This is part of a contract held with NHS England.

Information published by Public Health England shows that deprivation within the practice population group is in the second lowest decile (two of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 10% Asian, 66% White, 20% Black, 4% Mixed and other groups.

There is a team of three GPs, two part time practice nurses and one health care assistant. The GPs are supported at the practice by two practice managers and a team of administration and reception staff.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury Maternity and midwifery services	<p>Regulation 12 CQC (Registration) Regulations 2009 Statement of purpose</p> <p>How the regulation was not being met:</p> <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">• The system for safeguarding people from abuse was not fully effective.• There were gaps in staff immunisation records.• The systems to assess, monitor and manage risks to patient safety were not always effective.• Staff did not always have the information they needed to deliver safe care and treatment.• The practice did not always have systems for the appropriate and safe use of medicines.
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 mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• The systems to assess, monitor and manage, safeguarding, medicines, risks to patient safety, significant events and information to deliver safe care and treatment were not always effective.• There was no emphasis on the safety and wellbeing of staff.