

Dr John Livingstone

Inspection 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 location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection at Dr John Livingstone on 1 March 2019 as part of our inspection programme.

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, requires improvement for providing safe, effective and well led services and good for providing caring and responsive services.

Due to underlying issues with the provision of effective services, this means that the practice is rated as requires improvement for providing effective and responsive care to older people, people with long term conditions, families, children and young people, working age people, those whose circumstances may make them vulnerable and those experiencing poor mental health.

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

- The practice did not have effective systems in place for the safe management of health and safety including an active process to identify and control areas of risk.
- Some staff records that we saw did not contain evidence of staff immunisations in line with Public Health England guidance.
- Not all staff had up to date safeguarding training appropriate to their roles.
- We saw no evidence of staff completing fire training.
- We did not see evidence of an infection control audit being completed.
- We did not see any evidence of recommendations of a legionella risk assessment that had been completed in 2012 being carried out since March 2016.
- Staff had not been trained in the identification and management of sepsis.
- The outcomes of safety alerts required clear evidence of the follow-up actions taken to keep patients safe.
- We saw no evidence of staff being trained as chaperones.

- We could not find any evidence of the electrical system having been inspected since 2012.
- The fire alarm was last serviced in September 2017.
- The practice didn't have some recommended medicines, or risk assessments to justify why they were not present.
- We found glyceryl trinitrate (GTN), a spray used to relieve angina (chest pain) which had expired in June 2015.

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

- The practice was below the local and national averages in most areas related to the management of diabetes and other long-term conditions.
- We saw two audits that had been completed but these were not two cycle audits but rather patient searches over a three-year period.

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

- The practice's governance arrangements required improvement to ensure that there was clarity in terms of responsibilities for site management, with the provider maintaining evidence to demonstrate their ongoing compliance with regulations.
- The practice did not have regular meetings where learning and dissemination from significant events could occur.
- Those meetings which did take place were not minuted.
- We were told of two audits being completed but these were not two cycle audits and did not show any evidence of quality improvement.
- Many of the policies were out of date or contained insufficient or inaccurate detail.

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

- Patients received effective care and treatment that met their needs. The practice could demonstrate good patient outcomes were delivered.
- Staff treated patients with kindness and respect and involved them in decisions about their care. The practice ethos was to provide an accessible and approachable patient-orientated service.
- Patients could access care and treatment in a timely way. The practice organised and delivered services to meet their patients' needs.

Overall summary

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

- Ensure that care and treatment is provided in a safe way (Please see the specific details on action required at the end of this report).
- 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).

In addition, the provider **should**:

- Review and action the needs of those patients with long term conditions, so as to improve their clinical outcomes.

- Ensure that carers are correctly identified and coded so they can be supported effectively and adequately signposted.
- Continue to collate the evidence of staff immunisations in line with Public Health England guidance.
- Review and update training for staff which is relevant to their role.

Please refer to the detailed report and the evidence tables for further information.

Dr Rosie Benneyworth BM BS BMedSci MRCP

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 adviser and a Practice Manager specialist adviser.

Background to Dr John Livingstone

Dr John Livingstone is located within the Greenwich local authority area and is one of 37 practices serving the NHS Greenwich area. It provides primary medical services to approximately 4,800 patients.

Information published by Public Health England rates the level of deprivation within the practice population group as fourth on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice has a large proportion of patients registered of working age; 58.4% are aged 18-64 which is lower than the CCG average but comparable to the national average of 66% and 61.9% respectively. The practice has slightly less patients over 65 at 15.2% when compared to the national average of 17.3%. Of the patients registered with the practice, 86.7% are White British, 2.6% are from mixed race ethnic groups, 5.4% are Asian, 4.3% are of Black African origin with the remaining 1% being of other races.

The practice is registered with the CQC as an individual provider and services are provided from one location at Eltham Park Surgery, 46 Westmount Road, Eltham, London, SE9 1JE. The practice has one principal GP who is contracted to provide Personal Medical Services (PMS) and who is registered with the CQC for the following

regulated activities: treatment of disease, disorder or injury; maternity and midwifery services; family planning; surgical procedures, and diagnostic and screening procedures.

The practice provides a range of services including maternity care, childhood immunisations, chronic disease management and travel immunisations and a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract) including childhood immunisation, minor surgery, learning disability health checks, extended opening hours, and rotavirus and shingles immunisations. Private travel vaccinations are offered in addition to those available free of charge on the NHS.

The remainder of the practice team at Dr John Livingstone is made up of one part-time female salaried GP, one part-time practice nurse, one part-time health care assistant, a practice manager, and nine part-time administrative and reception support staff.

The surgery was started in 1909 and moved to its present premises, a converted detached house in a residential area of Eltham in 1996.

The surgery is open between 8am and 6.30pm Monday to Friday. Extended hours are provided on Monday, Tuesday, Thursday and Friday until 7pm and on Wednesday until 8pm. An early morning surgery is also provided from 7am on Thursday and Friday.

Booked appointments are available with a GP or Nurse during these times. Urgent appointments are available via the GP led walk-in clinic which is held every morning between 9am and 11am. This clinic is open to the first 20 patients who arrive at the Surgery. Pre-bookable

appointments are also available to all patients at additional locations within the area, as the practice is a member of the local GP federation. These appointments are available between 4pm and 8pm Monday to Friday and between 8am and 8pm at the weekend.

The practice has opted out of providing out-of-hours (OOH) services to their own patients and directs patients to the out-of-hours provider by providing access details on their answerphone, on the website and on the outer door.

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>There were gaps in systems to assess, monitor and manage risks to patient safety. For example, the practice had not carried out a Control of Substances Hazardous to Health (COSHH) risk assessment, a health and safety risk assessment or a premises risk assessment. The electrical system had not been inspected since 2012.</p> <p>Appropriate standards of cleanliness and hygiene were not met. For example, water sampling and recording of temperatures to monitor the risks associated with Legionella had not taken place since March 2016. Staff were also not aware of when an infection control audit had last been completed and we were shown no evidence of one having been carried out.</p> <p>Systems and processes for the safe management of medicines had not been reviewed and actions had not been taken to ensure these were operating effectively. For example, medications in the emergency bags were not being checked often enough as we found a medicine that was out of date having expired in June 2015.</p> <p>The practice also didn't have some recommended medicines, or risk assessments to justify why they were not present.</p>
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>The overarching governance framework had not ensured that systems and processes were operating effectively to ensure good governance.</p>

Requirement notices

There were unclear responsibilities, roles and systems of accountability and the governance and management was ineffective. For example, not all staff who acted as chaperones had been appropriately trained.

There was no system in place to ensure that all policies and procedures had been adequately reviewed to ensure that information contained was accurate and current.

Water sampling and recording of temperatures to monitor the risks associated with Legionella were not currently taking place.

The practice did not have systems for the checking and stocking of medicines. For example, we found medicines that were out of date and the practice didn't have some recommended medicines, or risk assessments to justify why they were not present.

The practice did not have a comprehensive programme of quality improvement activity as there was limited clinical audit being undertaken.

The practice had not ensured the competence of staff employed in advanced roles by audit of their clinical decision making.

The practice did not fully utilise all opportunities for learning and improving performance.

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 health, safety and welfare of service users and others who may be at risk. In particular the practice did not have a system in place that demonstrated that alerts which may affect patient safety had been received, recorded and acted upon.