

The Lyndhurst Surgery

Quality Report

53 Lyndhurst Drive
London
E10 6JB
Tel: 020 8539 1663

Date of inspection visit: 21 March 2017
Date of publication: 22/05/2017

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?

Are services caring?

Are services responsive to people's needs?

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 The Lyndhurst Surgery on 29 October 2014. The overall rating for the practice was requires improvement. The full comprehensive report published in May 2015 can be found by selecting the 'all reports' link for The Lyndhurst Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 21 March 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 29 October 2014. There were breaches in medicines management procedures including the repeat prescribing process and also in recruitment processes. There were also concerns with the management and leadership in the practice, particularly with the training of staff members, risk assessments including fire safety and legionella testing, the safety of electrical equipment and procedures for dealing with medical emergencies. 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:

- The practice used a system to ensure vaccines were safely stored and managed, including an effective cold chain policy and a system for ensuring all vaccines were in date.
- All emergency medicines and disposable equipment were in date and there was a system to monitor their use.
- Risks to patients were well assessed, there was a fire risk assessment, all staff had fire safety training appropriate to their role and regular fire drills were carried out and learning was shared.
- There was an up to date infection control audit and a legionella risk assessment and the practice had carried out the actions identified as a result.
- All staff had completed mandatory training including chaperone training and equality and diversity training and had access to an online training portal where they were able to complete training other than mandatory training that they had an interest in.

Summary of findings

- There was an effective medicines management system, which included a policy, staff were aware of their roles and remits, only GPs issued prescriptions for controlled and high risk medicine or for medicines when the patient review was overdue.
- Electrical equipment had been tested to ensure it was safe to use and clinical equipment had been calibrated to ensure it was safe, in good working order and fit for purpose.
- The practice had a risk assessment to mitigate against the risks of not having a defibrillator and a signed guidance sheet for summoning appropriate help in the event of a medical emergency or cardiac arrest, however the practice purchased a defibrillator by the end of the inspection.
- The practice carried out regular meetings which all staff were expected to attend, there were standing agenda items, which included significant events, complaints and any other business. Regular clinical meetings were also held and copies of the minutes were provided to the practice nurse when they could not attend, the practice nurse also attended the local nurse's form.

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.

Good



- There was an effective system for reporting and recording significant events, there was evidence of learning as a result of significant events and this was a standing agenda item at practice meetings.
- Infection control policies and practices were embedded in the daily running of the practice and there was evidence of audits. There was a legionella risk assessments and the actions identified as a result were routinely carried out.
- When things went wrong patients received reasonable support, truthful information and a written apology. They were told about any actions to improve processes to prevent the same thing from happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. This included staff training and access to policies which identified local safeguarding leads.
- Medicines management processes were in place to reduce risk of harm to patients, this included an embedded prescribing policy and only GPs could issue high risk and controlled drugs as well as issuing prescriptions when a review was overdue.
- All staff members had completed mandatory training relevant to their role, which included fire safety training, chaperone training and equality and diversity training.
- The practice carried out a number of risk assessments, which included a fire risk assessment, and regular fire drills were carried out and learning from these were shared at practice meetings.
- The practice had a comprehensive risk assessment to mitigate the risk of not having a defibrillator on the premises, along with a signed guidance sheet for summoning appropriate help in the event of a medical emergency or cardiac arrest. By the end of the inspection the practice had purchased a defibrillator and post inspection we were provided with evidence of its delivery.
- All electrical equipment in the practice was tested to ensure it was safe for use and clinical equipment underwent calibration to ensure that it was safe, in good working order and fit for purpose.

Summary of findings

- Regular clinical meetings were held at the practice, the practice nurse was invited to attend all these meetings with the GPs, when the practice nurse was unable to attend she was provided with copies of the minutes. The practice nurse also attended the Waltham forest nurses forum.
- The practice had an effective system for managing the cold chain in the practice and ensuring the vaccines stored in the fridge were in date and fit for use. All emergency drugs and disposable equipment we looked at were also in date.

Are services effective?

Are services caring?

Are services responsive to people's needs?

Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were aware of the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to give activity and held regular meetings which all staff were expected to attend.
- Staff had completed training appropriate to their role and had access to other training material through an online training portal.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. There was a face to face and a virtual patient participation group which were both active.
- There was a strong focus on continuous learning and improvement at all levels.

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 provider had resolved the concerns for safety and well-led identified at our inspection on 21 March 2017, which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for safety and well-led identified at our inspection on 21 March 2017, which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for safety and well-led identified at our inspection on 21 March 2017, which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safety and well-led identified at our inspection on 21 March 2017, which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety and well-led identified at our inspection on 21 March 2017, which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety and well-led identified at our inspection on 21 March 2017, which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



The Lyndhurst Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC Inspector.

Background to The Lyndhurst Surgery

The Lyndhurst Surgery operates from 53 Lyndhurst Drive, Leyton, London, E10 6JB. The practice provides NHS primary medical services through a General Medical Services (GMS) contract (a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract) to approximately 3,500 patients in the Leyton area. The practice is part of the Waltham Forest Clinical Commissioning Group (CCG).

The practice has a higher than average percentage of patients between the 45-49 year age group and a higher proportion of unemployed patients than the CCG and national average with the practice having 13% compared to the CCG average of 7% and the national average of 4%.

The practice has a male and a female GP partner who carry out a total of 17 sessions per week, and a female practice nurse who carries out two sessions per week. There is a practice manager, four reception staff and one practice secretary.

The practice is open Monday to Friday between 8:45am and 6:30pm except for Thursdays when it closes at 1pm. Phone lines are answered from 9am to 12:30pm and 2:30pm to 6:30pm and appointment times are as follows:

- Monday 9am to 11:30am and 4:30pm to 6:20pm

- Tuesday 9am to 11:30am and 4:30pm to 7pm
- Wednesday 9am to 11:30am and 4:30pm to 7pm
- Thursday 9am to 11:30am
- Friday 9am to 11:30am and 4:30pm to 6:30pm

Telephone consultations are carried out every day between 12pm and 12:30pm and the locally agreed out of hours provider covers telephone calls made to the practice when it is closed.

The Lyndhurst Surgery operates regulated activities from one location and is registered with the Care Quality Commission to provide surgical procedures, family planning, treatment of disease disorder or injury, maternity and midwifery and diagnostic and screening procedures.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Why we carried out this inspection

We undertook a comprehensive inspection of The Lyndhurst Surgery on 29 October 2014 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement in safe and well led and good in effective, caring and responsive, which gave an overall rating of requires improvement. The full comprehensive report following the inspection in October 2014 can be found by selecting the 'all reports' link for The Lyndhurst Surgery on our website at www.cqc.org.uk.

Detailed findings

Requirement notices were set for regulations 9, 12 and 19 of the Health and Social Care Act 2008 and the provider was required to take the following action:

- Ensure safe systems are in place for the management of medicines. Repeat prescriptions to be reviewed and passed on to GPs to review where medication reviews are due.
- Ensure recruitment arrangements include all the necessary employment checks for all staff, including staff who acted as chaperones.
- Provide training for staff to ensure they are equipped with the knowledge and skills to effectively perform their job role. This includes training in chaperoning patients, equality and diversity and fire training.
- Ensure a Legionella risk assessment is completed to reduce the risk of infection to staff and patients.
- Ensure portable electrical equipment is routinely tested.
- Put in place procedures for dealing with emergencies including the action to take in the absence of a defibrillator.
- Ensure a fire risk assessment is completed to maintain fire safety.
- Improve opportunities for interaction between the two practice nurses and wider clinical team, to ensure they do not work in isolation.

We undertook a follow up focused inspection of The Lyndhurst Surgery on 21 March 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

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 21 March 2017.

During our visit we:

- Spoke with a range of staff including a GP, practice manager and reception staff members.
- Observed how patients were being cared for in the reception area.
- Looked at information the practice used to deliver care and treatment plans.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection on 29 October 2014 we rated the practice as requires improvement for providing safe services as the arrangements in respect of recruitment and staff training, medicines management, anticipating events and the management of unforeseen circumstances were not adequate.

We issued requirement notices in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 21 March 2017. The practice is now rated as good for being safe.

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff reported significant events to the practice manager; events were then recorded in an incident book and on an electronic recording form. The incident reporting form supported the recording of notifiable incidents under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- There had been two significant events recorded in 2016. Processes were in place to enable the investigations of such events and learning from them was a standing agenda item for the monthly team meetings. For example, we viewed a significant event about the practice's second immunisation fridge being switched off by accident, we saw that the practice reported this to NHS England and the manufacturers of the immunisations and followed their advice. We viewed minutes of meetings where the event was discussed and actions were agreed and put into place to prevent such an incident from occurring again which included putting a sign on the plug advising not to plug out of switch off at any time.

Overview of safety systems and process

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff on the computer system and in paper copy and had been reviewed and updated in the previous 12 months. GPs and the nurse had been trained to safeguarding children level three and non-clinical staff had been trained to level one.
- The premises were clean and tidy and there was evidence of daily documented cleaning by dedicated staff members.
- The practice had an infection control policy and carried out regular infection control audits. The practice manager was the infection control lead and was supported by the practice nurse. We saw that issues identified in the audit had been addressed by the practice in a timely manner.
- The arrangements for managing medicines, including emergency medicines and vaccines, kept patients safe. This included obtaining, prescribing, recording, handling, storing, security and disposal of medicines. Processes were in place for handling repeat prescriptions; we reviewed the prescribing policy which stated that under no circumstances were staff members to issue a prescription when a medication review was due or overdue. We spoke with staff members who issued prescriptions and they confirmed that they would not issue a repeat prescription under those circumstances as well as not issuing a prescription when it is for a high risk medicine such as warfarin being requested. The practice carried out regular medicines audits with the support of the local CCG pharmacy teams to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Vaccines were stored securely and in line with manufacturer's guidelines. A daily temperature log was maintained with the use of a digital thermometer which recorded the minimum, maximum and actual temperature to ensure that vaccines were always stored within the manufacturer's safe temperature range. The fridge had a data logger which the provider could access to track temperatures in a designated time period and there was a fridge failure plan in place and there

Are services safe?

was capacity in the practice to move vaccines to another fridge. All vaccines we viewed were in date and there was rotation with the earliest expiry dates being closest to the front of the fridge

- Patient Group Directions (PGDs) (written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment) had been adopted that enabled the practice nurse to administer medicines in line with legislation. We looked at all PGDs held by the practice and found them all to be up to date and appropriately signed.
- There was a notice in the waiting room and all consultation rooms which advised patients that chaperones were available if required. All staff who acted as a chaperone were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We reviewed five personnel files, which included the most recently employed members of the practice and found appropriate recruitment checks had been undertaken. For example, proof of identification, references, qualifications, registration with the appropriate professional body and appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patient safety were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available which identified local health and safety representatives. The practice had an up to date fire risk assessments and carried out regular fire alarm testing, we saw that all staff members had completed fire training in January 2016 and were competent in what to do in the event of a fire. There was a six monthly fire drill and we viewed minutes of meetings where the outcomes of the fire drill were discussed and learning was shared, for example staff members were reminded that the staff sign in book was to be taken out of the premises with the visitors sign in book in the event of a fire.

- We saw certificates which showed that all electrical equipment was checked to ensure it was working properly and calibration certificates for clinical equipment ensuring items were safe, in good working order and fit for purpose.
- The practice had an up to date legionella risk assessment which was due to be reviewed in March 2018. We viewed the risk assessment and practice logs which showed that they carried out the actions as specified in the risk assessment.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty and extra staff members worked during busy periods.

Arrangements to deal with emergencies and major incidents

- There was an instant messaging system on all the computers in the practice which alerted staff to an emergency.
- The practice manager maintained a record of all staff training including the date of when training needed to be updated, we saw evidence that all staff members had received basic life support training, chaperone training and equality and diversity training.
- Emergency medicines were securely stored in the treatment room and there were systems and processes for monitoring these to ensure they were in date and fully stocked. We also looked at disposable clinical equipment which we found to all be in date.
- At the start of the inspection the practice did not have a defibrillator, we saw that the practice carried out a risk assessment and concluded that not having a defibrillator was a moderate risk and would purchase one in the 2017/18 financial year. There was a guidance sheet for summoning appropriate help in the event of a medical emergency and cardiac arrest that all staff signed to say that they had read and understood. However by the end of the practice had ordered a defibrillator and post inspection we were provided with evidence that it had been delivered to the practice.
- The practice had a business continuity plan in place for major incidents such as power failure or building

Are services safe?

damage. The GPs and the practice manager kept copies offsite in case of an emergency that restricted access to the building. The plan included emergency contact numbers for staff members.

Are services effective?

(for example, treatment is effective)

Our findings

Are services caring?

Our findings

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Are services well-led?

Good 

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

Our findings

At our previous inspection on 29 October 2014, we rated the practice as requires improvement for providing well-led services as there were limited opportunities for staff to develop and nurses worked in isolation.

These arrangements had significantly improved when we undertook a follow up inspection on 21 March 2017. The practice is now rated as good for being well-led.

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement and staff knew and understood the values.
- The practice had an effective strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and staff were aware of their own responsibilities as well as the roles of other staff members. Staff were also trained to be able to cover each others roles, not just their own.
- Regular staff meetings were held and there was a standard agenda which included complaints, significant events, governance and any other business.
- Practice specific policies were implemented and were available to all staff in hard copy and on the practice's computer system.
- A comprehensive understanding of the performance of the practice was maintained and shared with relevant staff members.
- A programme of clinical and internal audit was used to make improvements.
- There were arrangements for identifying, recording and managing risks and issues and implementing mitigating actions.

Leadership and culture

On the day of re-inspection the GP partners and practice manager demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and individualised care. Staff we spoke with told us that the GPs and manager were approachable and always took time to listen to all staff members.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.
- Incidents were always discussed with relevant staff members and where appropriate in a practice meeting where learning could be shared.

There was a clear leadership structure in place and staff felt supported by management.

- We saw that the practice held regular team meetings where all staff members were expected to attend and clinical meetings where GPs and the nurse attended.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the practice manager. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

Are services well-led?

Good 

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The practice had a virtual and a face to face PPG which met quarterly. The practice worked closely with the PPG to interact with the local council in order for the council to install free parking for patients outside the practice, as a result there is now free one hour parking outside of the practice.
- The practice had gathered feedback from staff through practice meetings, appraisals and general discussions.

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run and gave the example of being involved in discussions about the design of the appointment system.

Continuous improvement

There was a focus on learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area, which included the wellness pilot which focusses on patients with mental health needs looking at them holistically to engage them with their physical health needs.