

Essex Lodge

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?

Requires improvement 

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 Essex Lodge on 29 February 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the Month Year inspection can be found by selecting the 'all reports' link for Essex Lodge on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 24 April 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 February 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 overall. At the previous inspection we rated the practice as requires improvement for safety and effectiveness as some of the arrangements in respect of cleanliness and infection control were not adequate. There were also concerns around medicines management and the practice's arrangements to deal with emergencies. We also found there was no formal induction process in place and

patient consent for minor surgery or IUCD ("coils") procedures was not being consistently sought and/or recorded. As a result the practice was rated as requires improvement overall.

At this inspection we found improvements had been made in those areas and the practice is now rated good for safety. However we found that a significant number of staff were one or two months overdue for some mandatory training. At the time of the inspection the practice did not have a clear picture about its position with regards to staff training. Following the inspection we received records demonstrating the stated irregularities. Consequently, whilst improvements had been made, a new issue of concern was identified at this inspection. As a result the practice is still rated as requires improvement for being effective.

Our key findings were as follows:

- Adequate arrangements were in place in respect of infection control audits and cleaning schedules. However some staff were overdue for infection control training.
- Risks to patients were assessed and well managed.

Summary of findings

- Patient specific directions (PSDs) were in place to ensure Health Care Assistants (HCAs) were safely administering vaccines in line with legislation.
- A protocol was in place for action in the event of the medicines refrigerator going out of range.
- Records showed not all staff training was complete and up to date.
- Adequate arrangements were in place for the seeking and recording of patient consent for invasive procedures.

In addition, at our previous inspection we said the practice should:

- Ensure implementation of plans for embedding induction and Disclosure and Barring Service (DBS) checks for non-clinical staff or an appropriate risk assessment.
- Review systems for complaints, communication arrangements for patients who are deaf or hard of hearing, and improve identification of carers.

At this inspection we found:

- A comprehensive induction programme was now in place and DBS checks had been carried out for all staff.
- Recording and tracking processes for complaints had improved and we saw evidence of discussion and regular analysis of complaints. Patients who were known to have a hearing impairment were flagged on the system with instructions on how best to communicate with that patient. There was no hearing loop in place but this was planned for as part of the ongoing redevelopment of the practice premises.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure all staff receive such appropriate training as is necessary to enable them to carry out the duties they are employed to perform.

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.

- Adequate arrangements were in place in respect of infection control audits and cleaning schedules. However some staff were overdue for infection control training.
- Risks to patients were assessed and well managed.
- Patient specific directions (PSDs) were in place to ensure Health Care Assistants (HCAs) were safely administering vaccines in line with legislation.
- A protocol was in place for action in the event of the medicines refrigerator going out of range.

Good



Are services effective?

The practice is rated as requires improvement for providing effective services.

- Records showed not all staff training was complete and up to date.
- Adequate arrangements were in place for the seeking and recording of patient consent for invasive procedures.

Requires improvement



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 effectiveness identified at our inspection on 29 February 2016 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 effectiveness identified at our inspection on 29 February 2016 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 effectiveness identified at our inspection on 29 February 2016 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 effectiveness identified at our inspection on 29 February 2016 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 effectiveness identified at our inspection on 29 February 2016 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 effectiveness identified at our inspection on 29 February 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Essex Lodge

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection team consisted of a CQC lead inspector, a second CQC inspector and a GP specialist adviser.

Background to Essex Lodge

The Essex Road practice is situated within NHS Newham Clinical Commissioning Group (CCG). The practice provides services to approximately 9,900 patients under a Personal Medical Services (PMS) contract.

The practice provides a full range of enhanced services including childhood immunisations, avoiding unplanned admissions, IUCD (also known as the “coil”) fitting, extended hours, and minor surgery including excisions and joint injections. It is registered with the Care Quality Commission to carry on the regulated activities of Maternity and midwifery services, Family planning services, Treatment of disease, disorder or injury, Surgical procedures, and Diagnostic and screening procedures.

The staff team at the practice includes two GP partners (both male working nine sessions each per week), three salaried GPs (two male and one female, two working six sessions and one working five sessions per week), two regular locums (working four and six sessions per week), three female practice nurses (two working thirty seven and a half hours and one working eight hours per week), a female health care assistant working thirty seven and a half hours per week, a counsellor working six hours per week, a practice manager working thirty two hours per week, a deputy practice manager working thirty five hours per week and a team of reception, secretarial and administrative staff. The practice teaches medical students and trains GP registrars.

The practice has been granted planning permission to extend the premises pending approval from NHS England to provide space for additional resources such as consulting rooms, a larger waiting room and a quiet room for patients. This work was underway at the time of this inspection. The building currently has two floors with lift access to the first floor.

The practice is open weekdays from 8.00am to 7.00pm (except on Thursday when it closes at 6.00pm), and on Saturday from 8.00am to 12.00pm. Core appointments times are from 8.30am to 1.30pm and 4.00pm to 6.00pm every weekday except Thursday when afternoon surgery runs from 2.30pm to 5.00pm. Extended hours appointments are offered every weekday from 8.00am to 8.30am and on Saturday from 8.00am to 10.30am. The practice does not close its doors or telephone lines for lunch and provides home visits and telephone consultations for patients. Pre-bookable appointments are available including online in advance. Urgent appointments are also available for people that need them. Patients telephoning for an out of hour's appointment are transferred to the Newham cooperative deputising service.

The practice is located in one of the most deprived areas in England. It has a higher than average population of people whose working status is unemployed at 14% compared to the national average of 5%, but this is comparable to the Clinical Commissioning Group (CCG) average of 11%. The average male and female life expectancy for the practice was comparable to CCG and national averages for males (78 years at the practice, 77 years within the CCG, and 79 years nationally) and females (83 years at the practice, 82 years within the CCG and 83 years nationally).

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Essex Lodge on 29 February 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on Month Year can be found by selecting the 'all reports' link for Essex Lodge on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Essex Lodge on 24 April 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

During our visit we:

- Spoke with a range of staff including GPs, nursing and non-clinical staff.
- Reviewed a sample of the personal care or treatment records of patients.
- Visited all practice locations
- Looked at information the practice used to deliver care and treatment plans.

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 February 2016, we rated the practice as requires improvement for providing safe services as some of the arrangements in respect of cleanliness and infection control were not adequate. There were also concerns around medicines management and the practice's arrangements to deal with emergencies.

These arrangements had significantly improved when we undertook a follow up inspection on 24 April 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

At the previous inspection we found minor surgical procedures were being carried out in a carpeted treatment room. At this inspection we found there were still carpets in two treatment rooms however these were scheduled to be replaced as part of the ongoing development of the practice site which was due to be completed in December 2017. At the time of this inspection no surgical procedures were being carried out in those two rooms.

At the previous inspection we found an infection control audit had been carried out for the first time in January 2016. It had dates for review but there were no attendant action plans to address

improvements identified and there was no cleaning schedule for the practice premises or clinical equipment. We also found the clinical waste bin was locked but not secured to the wall and was in a publicly accessible area outside.

At this inspection we found the practice had completed infection control audits, most recently in September 2016. All actions identified had been completed, apart from ensuring up to date infection control training for all staff. We also found the infection control policy was overdue for review by five months. The protocol for fridge temperature monitoring did not include action to be taken should the fridge temperatures go out of range. We raised this with the practice nurse and business manager who undertook to address these issues immediately. Following the inspection we received the updated protocol which now included steps to be followed in the event of a cold chain failure

being reported. We were told the practice had employed a new contract cleaner in February 2017. We saw a comprehensive cleaning log was now in place which detailed all items and areas to be cleaned. The practice premises were visibly clean and tidy. We saw the clinical waste bin was secured to a post outside the building.

At the previous inspection we found Health Care Assistants (HCAs) were trained to administer vaccines and medicines but there was no system for the production of Patient Specific Directions (PSDs) to allow healthcare assistants to administer specific injectable medicines with a GP or nurse on the premises. (A PSD is the traditional written instruction, signed by a doctor, dentist, or non-medical prescriber for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis). At this inspection we found a new process had since been introduced whereby the HCA printed out a list of patients to be seen during each session prior to its start. This was given to a GP to review and then sign where appropriate to confirm their authorisation for the medicine to be administered to those specific patients.

At the previous inspection we found Disclosure and Barring Service (DBS) checks had not been undertaken for non-clinical members of staff and the associated risk had not been assessed. At this inspection we found all staff had undergone DBS checks and this was now routine as part of the recruitment process.

Arrangements to deal with emergencies and major incidents

At the last inspection we found all emergency medicines were in date and stored securely but there was no system to check emergency medicines remained fit for use. We also found needles and syringes in the anaphylaxis kit were out of date. At this inspection we found a system had been introduced for the regular monitoring of emergency medicines including those items in the anaphylaxis kit. We saw these items were in date and fit for use. There was also a process to ensure the oxygen cylinder and defibrillator were checked regularly to ensure they were in good working condition. A rota was in place identifying staff who were responsible for these tasks and we saw these checks were being carried out accordingly.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 29 February 2016, we rated the practice as requires improvement for providing effective services because there was no formal induction process in place. We also found patient consent for minor surgery or IUCD (“coils”) procedures was not being consistently sought and/or recorded.

These arrangements had significantly improved when we undertook a follow up inspection on 24 April 2017. However on this inspection we found some staff training was not up to date. Therefore the practice remains as requires improvement for providing effective services.

Effective staffing

At the last inspection we found the practice did not have an induction programme in place for newly appointed staff. At this inspection we saw evidence of a comprehensive induction programme which included topics such as safeguarding, infection prevention and control, fire safety, health and safety and information governance. We saw evidence that the most recently recruited members of staff had followed the new induction programme.

We did however find areas where staff training was not up to date. For example, out of the 25 members of staff, eight were one or two months overdue for infection control training. Ten members of staff were one or two months overdue for basic life support and fire safety training and 12 were one or two months overdue for Information Governance training. At the time of the inspection the practice did not have a full and clear picture about its position with regards to staff training. There were no arrangements in place to ensure the overdue training would be completed. We asked for a full list of all training to be provided following the inspection and this was duly received. This list reflected the stated irregularities. We were informed by the practice that all overdue training would be completed by the end of May 2017.

Consent to care and treatment

At the last inspection we found staff did not consistently seek and/or record patients’ consent to care and treatment in line with legislation and guidance. There were inconsistencies in the recording of consent. At this inspection we found the practice routinely recorded written patient consent for all invasive procedures on a designated form which was then scanned into the patient’s records. This was monitored by regular auditing to ensure the process was being followed.

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to ensure:</p> <ul style="list-style-type: none">• Persons employed in the provision of the regulated activities had received such appropriate training as was necessary to enable them to carry out the duties they were employed to perform. <p>This was in breach of regulation 18(1) and 2(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014..</p>