

Federated4Health - Lawrence House Surgery

Inspection report

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Date of inspection visit: 16 April 2019
Date of publication: 20/06/2019

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

Good 

Are services safe?	Good 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Good 

Overall summary

This service is rated as Good overall.

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

We carried out an announced comprehensive inspection Federated4Health – Lawrence House Surgery on 16 April 2019 as part of our inspection programme. This is the first inspection for the service.

At this inspection we found:

- The service had clear systems to manage risk so safety incidents were less likely to happen. When incidents did happen, the service learned from them and improved their processes.

- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported they were able to access care when they needed it.
- There was a clear vision and strategy and effective governance arrangements were in place. There was a strong focus on continuous learning and improvement at all levels of the organisation.

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist advisor, a nurse specialist advisor and a practice manager specialist advisor.

Background to Federated4Health - Lawrence House Surgery

Federated4Health – Lawrence House Surgery operates from 107 Philip Lane, London N15 4JR. The practice has three floors, with consultation rooms on the ground floor and second floor. The service provides a GP led pre-booked extended access service and treatment of adults and children. The service is one of the four GP hubs in Haringey commissioned by the local Clinical Commissioning Group (CCG) and provided by Federated4Health Ltd. Federated4Health is a private Limited company co-owned by 37 Haringey GP Practices.

The pre-bookable extended hours service is available to Haringey residents or those who are registered with a Haringey GP. Patients can book appointments via a dedicated phone line or through their own GP practice.

The service is open on Mondays and Fridays with telephone consultations available between 12.30pm – 5.45pm and face to face consultations from 6pm to 9pm. The service is also open on Saturdays 8am-4pm. Patients who need an appointment on a different day of the week are re-directed to one of the other three hubs in the Haringey area.

The provider has centralised governance for its services which are co-ordinated by service managers and senior clinicians. The provider has a governing board which includes a Chief Executive Officer, Medical Director, 3 GP's, 2 Practice Managers and an Advanced Nurse Practitioner.

The clinical team that work across all four hub sites is made up of thirty-three long-term locum GPs, six locum nurses and three healthcare assistants.

The non-clinical service team consists of a Chief Executive Officer, a Hub Management Lead, and administrative staff members. The non-clinical team operates from the Hub headquarters which is in a separate office to the Hub sites.

The provider is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures and treatment of disease, disorder or injury.

Are services safe?

We rated the service as good for providing safe services.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The service had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. Clinicians were trained to child protection or child safeguarding level 3 and non-clinical staff were trained to either level 2 or level 1. They knew how to identify, and report concerns, and vulnerable patients were flagged up on the system. We saw evidence that learning from safeguarding incidents were discussed at relevant meetings.
- Notices were displayed to advise patients a chaperone service was available if required. Staff who acted as chaperones were trained for their 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.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The service carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- The host practice provided assurances that there was an effective system to manage infection prevention and control. We observed the premises to be clean and tidy. We saw evidence of cleaning specifications and records were in place to demonstrate cleaning took place daily. The host practice undertook annual infection prevention and control audits and acted on the findings. The service had processes in place to ensure that their management team had oversight of the infection prevention control audits carried out by the host practice.
- The host practice provided assurances that arrangements were in place to ensure facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

- We reviewed five clinical and five non-clinical personnel files and found appropriate recruitment checks had been undertaken prior to employment.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The service was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff who acted as fire marshals and had undertaken fire marshal training.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis. Non-clinical staff were trained to identify and escalate a deteriorating patient to clinicians.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- The service had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan stated that if one of the host practices were impacted by a major incident then the services would be moved to one of the other three Hubs. The plan also included emergency contact numbers for staff.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed information needed to deliver safe care and treatment was available to staff.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols. When referrals were made the service informed the patient's NHS GP practice.

Are services safe?

Appropriate and safe use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The host practice had systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. They did not store a particular medicine used to deal with high blood pressure, heart failure and oedema; however, the host practice and the service had carried out a risk assessment for not having this medicine and had not identified any patient risk.
- The service did not administer vaccinations, although there were plans to introduce this service in the near future.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The service had reviewed its antimicrobial prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- We reviewed records for three patients who had been prescribed high-risk medicines (for example, warfarin, methotrexate and lithium) within the last six months and found there was safe and appropriate monitoring and clinical review prior to prescribing. We saw evidence the service would communicate with the patient's GP if high-risk medicines had been prescribed.

Track record on safety

The service had a good track record on safety.

- The provider had received assurances from the host practice that there were comprehensive risk assessments in relation to safety issues for example,

annual fire risk assessments, health and safety risk assessment, annual infection prevention and control audits, annual portable appliance testing, annual calibration of medical equipment and risk assessments were in place for any storage of hazardous substances and legionella bacterium.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. The provider informed us all incidents were investigated and any learning from these incidents was shared with staff. We saw the service carried out a thorough analysis of significant events; all incidents were risk rated to assess their impact to ensure they were appropriately managed. Incidents were shared with all clinical and non-clinical staff and where appropriate with the local Clinical Commissioning Group (CCG).
- The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service held a log of all the medicines and safety alerts and actions undertaken for relevant alerts. The provider informed us they discussed medicines and safety alerts in clinical meetings and minutes of these meetings were disseminated to all clinical staff to ensure learning; we saw evidence to support this.

Are services effective?

We rated the service as good for providing effective services.

Effective needs assessment, care and treatment

The service had systems to keep clinicians up to date with current evidence-based practice. We saw clinicians assessed and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- The service monitored these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- Reception staff also knew to contact clinical staff for any patients presenting with high risk symptoms such as chest pain or difficulty in breathing.

Monitoring care and treatment

The service collected a range of performance information for the local Clinical Commissioning Group (CCG). This information included but were not limited to; appointment utilisation statistics; numbers of patients who did not attend their appointments; the number and types of appointments offered; patient feedback based on friends and family test; and antibiotic and high-risk medicine prescribing audits. The provider had been set a single Key Performance Indicator (KPI) by the CCG which was to offer 40,000 appointments within 2018/2019. The provider informed us they had met this KPI.

During the inspection, the provider also shared examples of the most recent performance data submitted to the CCG, this showed that across all four hub sites:

- In March 2019, 86% of all available appointments had been utilised. This was an improvement from December 2018 where the utilisation rate was 82%.
- In March 2019, the Did Not Attend (DNA) rate was 13% and this was an improvement from December 2018 where the DNA rate was 18%.

There was evidence of quality improvement and the provider routinely reviewed the effectiveness and appropriateness of the care provided.

- The service undertook six-monthly antimicrobial prescribing audits to ascertain if antimicrobials were prescribed according to evidence-based guidelines. The service also carried out individual GP prescribing audits and discussed the results with GPs identified as high prescribers. All GPs had access to local CCG prescribing guidelines.
- The service regularly audited prescribing of high-risk medicines. The audits indicated clinicians had been safely monitoring and prescribing high-risk medicines to patients in accordance with national guidelines.
- Every four to six months the service reviewed the notes of long-term locum GPs using the RCGP criteria, a minimum of two patient records would be audited for each GP. One to one feedback was provided if any concerns were identified and we saw examples of feedback given. The service also reviewed and assessed the notes of long-term locum nurses using of an in-house template. The latest review was carried out across 40 patient records and included the assessment of wound dressing, long-term disease management and cervical screening. One to one feedback was provided if any concerns were identified and we saw evidence of this.
- The service informed us they monitored attendance at appointments to reduce DNA rates with a view to. The service told us they had decreased the DNA rate in the previous three months by contacting patients prior to their appointment to confirm their attendance.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role.
- The service understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Mandatory training for staff included Anaphylaxis and Basic Life Support, Chaperoning, Equality and Diversity, Fire Safety, Infection Prevention and Control, Data Security and Protection, Mental Capacity Act, Health and Safety, Safeguarding adults and children and General Data Protection Regulation.

Are services effective?

- The service provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, coaching and mentoring and clinical supervision, where needed.
- The service could demonstrate how they ensured role-specific training and updating for relevant staff.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- Patients who used the service had a report which was recorded on the system detailing the care they received (for example discharge summary, test results, hospital letters), and this information was also sent to their GP. Where patients did not have a registered GP, they were provided a hard copy of the discharge summary including any treatment prescribed and follow up advice.
- We saw records showing all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The service shared clear and accurate information with relevant professionals
- Patients received coordinated and person-centred care.

Helping patients to live healthier lives

As a GP Hub, the provider was not required to deliver continuity of care to support patients to live healthier lives in the same way a GP practice would. However, we saw the service demonstrated their commitment to patient education and the promotion of health and well-being advice.

Staff we spoke to demonstrated a good knowledge of local and wider health needs of patient groups who may attend the service. GPs and nurses told us they offered patients general health advice within the consultation and if required they referred patients to their own GP for further information.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Are services caring?

We rated the service as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treated people.
- Staff understood patients' personal, cultural, social and religious needs.
- The service gave patients timely support and information.
- All of the eight patient Care Quality Commission comment cards we received and feedback from the one patient we spoke to were positive about the service experienced. This is in line with feedback received by the service. Patients reported the service provided was excellent and staff were friendly and helpful.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure patients and their carers can access and understand the information they are given.)

- Staff communicated with people in a way they could understand, for example, communication aids and easy read materials were available.
- Information leaflets, including easy read format leaflets were available.
- Staff helped patients and their carers find further information and access community and advocacy services.

Privacy and dignity

The service respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Are services responsive to people's needs?

We rated the service as good for providing responsive services.

Responding to and meeting people's needs

The service organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The service understood the needs of its population and tailored services in response to those needs.
- The facilities and premises were appropriate for the services delivered.
- The service made reasonable adjustments when patients found it hard to access services. Patients had access to translation services.
- The service did not have a hearing loop in place in the reception area for patients who had hearing difficulties.
- The service had multilingual staff who could support patients.
- The service told us people who were homeless and those who were not registered with a GP practice would be seen at this service. Unregistered patients were advised to register with a GP and were signposted to NHS Choices website to help them do this.
- The service was advertised in all Haringey GP practices.
- The service carried out cervical screening for Haringey patients to improve uptake in the CCG area.

The results for most recent friends and family test across the Hub sites were completed by 312 patients. The results indicated 91% of patients were extremely likely or likely to recommend the service.

Timely access to care and treatment

Patients were able to access care and treatment from the service within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, diagnosis and treatment.
- Waiting times and delays were minimal and managed appropriately.
- The extended hours hub service for Federated4Health-Lawrence House Surgery was open on Mondays and Fridays with telephone consultations available between 12.30pm – 5.45pm and face to face consultations from 6pm to 9pm. The service was also open on Saturdays 8am-4pm. Patients who needed an appointment on a different day of the week were re-directed to one of the other three hubs in the Haringey area.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.

The complaint policy and procedures were in line with recognised guidance. The service learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care.

Are services well-led?

We rated the service as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The service had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the CCG. The service planned its services to meet the needs of the service population.
- The service monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the service.
- The service focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence these would be addressed.

- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Service leaders had established policies, procedures and activities to ensure safety and assured themselves they were operating as intended.
- The local management team included a Chief Executive Officer, Senior Development Manager, Hub Manager, GP Clinical Lead and a Nurse Clinical Lead.
- The service held monthly clinical and non-clinical meetings, minutes of meetings were shared with all permanent and locum staff. The service also sent a monthly newsletter to all staff, which included key information and updates about the service.
- The service reported to the CCG on a monthly basis.
- The service reviewed feedback from patients and staff on a monthly basis.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.

Are services well-led?

- The service had processes to manage current and future performance. Service leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audits had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The service had plans in place and had trained staff to deal with major incidents.
- The service considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The service used information technology systems to monitor and improve the quality of care.
- The service submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- The service carried out annual appraisals for non-clinical staff.
- The service obtained feedback from patients from a range of sources including local Healthwatch, NHS choices, complaints, comments and suggestions, direct feedback during clinical appointments and friends and family test.
- Staff we spoke to informed us they were always consulted before making any changes that may affect their work.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.