

Lostock Hall Medical Centre

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?

Good 

Are services well-led?

Requires Improvement 

Overall summary

We carried out an announced focused inspection at Lostock Hall Medical Centre on 1 September 2021. Overall, the practice is rated as Requires Improvement.

Safe - Requires Improvement

Effective -Good

Caring – Good (rating awarded at the inspection 5 December 2019).

Responsive – Good (rating awarded at the inspection 5 December 2019).

Well-led – Requires Improvement

Following our previous inspection on 5 December 2019 the practice was rated Requires Improvement overall. The key questions safe and well led were rated as requires improvement and key question effective, caring and responsive and all the population groups were rated as good. We issued the practice requirement notices for regulation 12 (1) Safe care and treatment and regulation 17(1) Good governance.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for Lostock Hall Medical Centre on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was a follow up focused inspection to review our concerns identified previously. The inspection found most the areas identified previously had been addressed. Other concerns with recruitment procedures and some monitoring systems were identified. Both safe and well-led key questions remain as requires improvement. We rated the practice good for providing effective services. We did not inspect key questions caring and responsive as these were rated good at the previous inspection. All population groups remain rated as good.

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included

- Conducting several staff interviews using video conferencing
- Completing clinical searches on the practice’s patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A short site visit
- Face to face interviews with some staff.

Overall summary

Our findings

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We have rated this practice as Requires Improvement

We found that the issues identified at inspection in December 2019 had been addressed. These included:

- Systems of managerial monitoring for staff training, clinical professional memberships and staff immunisation status were established.
- Staff were now encouraged to report and record significant events and incidents. Weekly clinical meetings and regular team meeting provided opportunities to share learning from these.
- Actions identified in relation to health and safety including fire safety and Legionella were in place and safe.
- Infection prevention and control (IPC) was well established and enhanced in response to COVID-19.

This inspection identified some areas that needed further improvement. We rated the practice as requires improvement for providing safe and well-led services because:

- Staff recruitment records were incomplete. For example, the practice had not assured themselves that staff working at the practice were suitable as satisfactory evidence of conduct in previous employment and identity checks had not been obtained consistently.
- Systems to monitor clinical decision making for those working in advanced clinical roles were informal and a system to monitor patient information work flowed to either a clinician or for filing was not in place.
- Systems to monitor the quality of patient medication reviews and review Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) agreements were not established.
- Governance processes around reviewing and updating policies and procedures were not comprehensive.
- An overarching quality assurance framework was not in place.

However:

- The practice had a clear vision, which had been delayed due to the pandemic but was now back on track to evolve the medical centre into a local community hub for social and health care activities.
- Patients spoken with were wholly positive about the care and treatment they and their families received.
- The practice team were committed to involving patients in their care and the type of services they provided.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.

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

- Ensure specified information is available regarding each person employed.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

Overall summary

(Please see the specific details on action required at the end of this report).

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

- Take action to secure the oxygen cylinder either to a wall bracket or within an oxygen trolley.
- Provide fire safety awareness training to locum GPs.
- Complaint response letters should include contact details for the Parliamentary and Health Service Ombudsman.

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

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who completed clinical searches and records reviews without visiting the location. A second CQC inspector supported this inspection as part of their induction.

Background to Lostock Hall Medical Centre

Lostock Hall Medical Centre is situated in the Lostock Hall area of Preston. It is sited in a three-storey, recently refurbished Victorian building at Dardsley House, Browndge Rd, Lostock Hall, Preston PR5 5AD, which it has occupied since March 2019. The practice provides level access for patients to the building and has disabled facilities available. There is on-site car parking for patients and good access to public transport.

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

The GP provider is female and is assisted by a clinical team consisting of two female and one male locum GPs, an advanced nurse practitioner, a practice nurse and two healthcare assistants. A practice manager, and a team of administrative and reception staff support the practice.

The practice is part of the Greater Preston Clinical Commissioning Group (CCG) and services are provided under a General Medical Services Contract (GMS). The provider is also part of the Ribble Medical Group primary care network (PCN) with six other local practices. They have access to the services of a social prescriber and a clinical pharmacist through their membership of the PCN.

The practice provides services to approximately 5065 patients. According to the latest available data, the ethnic make-up of the practice area is 96.6% White with 1.6% Asian and the remainder classified as other.

There are the slightly fewer patients registered at the practice aged 18 years and under, with 19.9% when compared with local 20.8% and national 20.2% averages. Similarly, there are more patients aged 65 years and over is slightly higher at 18.2% when compared with local 16.1% and national 17.5% averages.

Information published by Public Health England rates the level of deprivation within the practice population group as seven on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The practice proportion of patients experiencing a long-standing health condition is, 53.4%, slightly higher than the local and national averages at 52.6% and 52.4% respectively.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments are telephone consultations. However, the practice did see patient face-to-face as they had adequate spacious facilities to ensure patient and staff safety.

The practice is open Monday to Friday from 8am until 6.30pm with extended opening hours until 8pm on Tuesday evenings. The practice also opens two Saturday morning per month. Three extended access appointments are available each week at the local Out of Hours service. When the practice is closed, patients are able to access out of hours services by telephoning NHS111.

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 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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed.</p> <p>In particular:</p> <ul style="list-style-type: none">Recruitment records did not demonstrate a consistent and safe standard of recruitment was undertaken. For example:The provision of identification including a photograph was not available in all employment files.Satisfactory evidence of conduct in previous employment was not consistently available.A full employment history, together with a satisfactory written explanation of any gaps in employment was not available in all recruitment files viewed.Checks from previous employers to verify reasons for leaving the employment was not recorded.Satisfactory information about any physical or mental health conditions which are relevant to the person's capability were not available <p>This was in breach of regulation 19 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p>

This section is primarily information for the provider

Requirement notices

Surgical procedures

Treatment of disease, disorder or injury

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- An overarching system of continuous quality improvement was not established.
- The lack of comprehensive management oversight had led to gaps in governance arrangements for example with recruitment records and updating policies and procedures.
- Systems of monitoring of the correspondence workflow to ensure it was safe were not established.
- There was no formal process of monitoring clinical decisions and prescribing practices undertaken by locum GPs and clinical staff working in advanced roles.

There were limited systems or processes that enabled the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular:

- A system to ensure medication reviews were recorded to a consistent standard was not in place.
- Monitoring and review of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) agreements to ensure they were up to date and remained valid was not established.
- A system to ensure patient blood test results were consistently downloaded from the Integrated Clinical Environment (ICE) system and stored on the patient's record was not in place.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.