

Lister House Surgery

Quality Report

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Date of inspection visit: 4 November 2015

Date of publication: 16/03/2016

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?

Good



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 focused inspection at Lister House Surgery on 4 November 2015. This was to check that improvements had been made following the breaches of legal requirements we identified from our comprehensive inspection in November 2014.

This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lister House Surgery on our website at www.cqc.org.uk.

Our key findings on this focused inspection were that the practice had made improvements since our previous inspection and were now meeting regulations that had previously been breached. Specifically:

- Systems were in place to identify and respond to concerns about the safeguarding of adults and children.

- The practice appeared clean and infection control processes were adhered to.
- Systems were in place and adhered to for the appropriate management of medicines.
- Systems were in place to ensure all applicable staff members received a criminal records check and that the required information was available in respect of the relevant persons employed.
- Appropriate arrangements were in place to deal with emergencies.
- Staff were supported by programmes of appraisal and essential training relevant to their roles.
- A process was in place to ensure patients' capacity to consent was assessed in line with the Mental Capacity Act (2005). The process for documenting consent for specific interventions was well adhered to.

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?

At our comprehensive inspection on 11 November 2014, we identified breaches of legal requirements. Improvements were needed to processes and procedures to ensure the practice provided safe services. During our focused inspection on 4 November 2015 we found the practice had taken action to improve and the practice is rated as good for providing safe services.

Systems were in place to identify and respond to concerns about the safeguarding of adults and children. Systems to ensure that medicines were checked, stored securely and managed appropriately were adhered to. The practice was visibly clean. Systems to protect people from the risks of infection were in place and adhered to at the practice. Systems to ensure that staff employed at the practice received the relevant recruitment checks including criminal records checks were in place. Arrangements were in place for the practice to respond to foreseeable emergencies.

Good



Are services effective?

At our comprehensive inspection on 11 November 2014, we identified breaches of legal requirements. Improvements were needed to ensure the practice provided services that were effective. During our focused inspection on 4 November 2015 we found the practice had taken action to improve and the practice is rated as good for providing effective services.

Clinical staff were aware of the process to obtain patient consent and were informed and knowledgeable on the requirements of the Mental Capacity Act (2005). A system to ensure all staff received an appraisal of their skills, abilities and development requirements was in place. The practice ensured staff learning needs were met.

Good



Are services well-led?

At our comprehensive inspection on 11 November 2014, breaches of legal requirements were identified and improvements were needed to ensure the practice was well-led. During our focused inspection on 4 November 2015 we found the practice had taken action to improve and the practice is rated as good for being well-led.

There were named members of staff in lead roles and they demonstrated a good understanding of their responsibilities. The staff we spoke with were clear on who the leads were and demonstrated a knowledge and understanding of their own responsibilities. Staff were supported by a system of policies and procedures that governed activity.

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

At our comprehensive inspection on 11 November 2014 we found that the practice offered personalised care to meet the needs of older people in its population. Older patients had access to a named GP, a multi-disciplinary team approach to their care and received targeted vaccinations. A range of enhanced services were provided such as those for end of life care. The practice was responsive to the needs of older people offering home visits including the provision of flu vaccinations. The practice participated in a frail and older people project cluster group of eight local practices to improve the care of those patients. However, breaches of legal requirements were identified and improvements needed to be made to ensure the practice provided safe and effective services and was well-led. During our focused inspection on 4 November 2015 we found the practice had taken action to improve. Consequently the practice is rated as good for the care of older people as they received care that was safe, effective and well-led.

Good



People with long term conditions

At our comprehensive inspection on 11 November 2014 we found that the practice provided patients with long-term conditions with an annual review to check their health and medication needs were being met. Patients with diabetes received a six monthly review. Patients with long-term conditions had access to a named GP and targeted immunisations such as the flu vaccine. There were GP or nurse leads for a range of long-term conditions such as asthma and diabetes. However, breaches of legal requirements were identified and improvements needed to be made to ensure the practice provided safe and effective services and was well-led. During our focused inspection on 4 November 2015 we found the practice had taken action to improve. Consequently the practice is rated as good for the care of people with long-term conditions as they received care that was safe, effective and well-led.

Good



Families, children and young people

At our comprehensive inspection on 11 November 2014 we found there were six week post-natal checks for mothers and their children. Programmes of cervical screening for women over the age of 25 and childhood immunisations were available to respond to the needs of these patients. Appointments were available outside of school hours. The premises was suitable for children and babies. However, breaches of legal requirements were identified and improvements needed to be made to ensure the practice provided

Good



Summary of findings

safe and effective services and was well-led. During our focused inspection on 4 November 2015 we found the practice had taken action to improve. Consequently the practice is rated as good for the care of families, children and young people as they received care that was safe, effective and well-led.

Working age people (including those recently retired and students)

Good



At our comprehensive inspection on 11 November 2014 we found that the practice offered online services such as appointment booking and repeat prescriptions. The practice responded to the needs of working age patients with extended opening hours every Saturday from 8am to midday. The practice sent out approximately 200 invitations for adult health checks each month to patients aged 40 to 74. About 25% of patients accepted. However, breaches of legal requirements were identified and improvements needed to be made to ensure the practice provided safe and effective services and was well-led. During our focused inspection on 4 November 2015 we found the practice had taken action to improve. Consequently the practice is rated as good for the care of working age people as they received care that was safe, effective and well-led.

People whose circumstances may make them vulnerable

Good



At our comprehensive inspection on 11 November 2014 we found that the practice held a register of patients living in vulnerable circumstances including those with learning disabilities. Patients with a learning disability received an annual health review and there was a lead nurse for this group of patients. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. The practice maintained a register of patients who were identified as carers and additional information was available for those patients. The GPs at the practice spoke a number of South Asian languages to assist in the health management of patients whose English was poor. However, breaches of legal requirements were identified and improvements needed to be made to ensure the practice provided safe and effective services and was well-led. During our focused inspection on 4 November 2015 we found the practice had taken action to improve. Consequently the practice is rated as good for the care of people whose circumstances may make them vulnerable as they received care that was safe, effective and well-led.

People experiencing poor mental health (including people with dementia)

Good



At our comprehensive inspection on 11 November 2014 we found that the practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health including

Summary of findings

those with dementia. Patients experiencing dementia also received a care plan specific to their needs and an annual health check. A mental health trust well-being worker was based at the practice once each week every Friday. However, breaches of legal requirements were identified and improvements needed to be made to ensure the practice provided safe and effective services and was well-led. During our focused inspection on 4 November 2015 we found the practice had taken action to improve. Consequently the practice is rated as good for the care of people experiencing poor mental health as they received care that was safe, effective and well-led.

Lister House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

This inspection was completed by a CQC lead inspector.

Background to Lister House Surgery

Lister House Surgery provides a range of primary medical services from its premises at 473 – 475 Dunstable Road, Luton, LU4 8DG.

The practice serves a population of approximately 6,800. The area served is more deprived compared to England as a whole. The practice population is predominantly patients from an Indian, Pakistani and Bangladeshi background. The practice serves a higher than average population of those aged from 0 to 34. There is a lower than average population of those aged 45 and over.

The clinical team includes two female and two male GP partners, four female nurses and one healthcare assistant. The team is supported by a practice manager, a deputy manager and six other reception, administration and secretarial staff.

Lister House Surgery is staffed with both the phone lines and doors open from 8.30am to 6.30pm Monday to Friday and 8am to midday every Saturday. From Monday to Friday appointments are approximately from 8.40am to midday and 3pm to 6pm daily, with slight variations depending on the doctor. An out of hours service for when the practice is closed is provided by Care UK.

Why we carried out this inspection

We undertook an announced focused inspection of Lister House Surgery on 4 November 2015. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 11 November 2014 had been made. We inspected the practice against three of the five questions we ask about services: is the service safe, effective and well-led and against the following population groups: older people; people with long-term conditions; families, children and young people; working age people; people whose circumstances may make them vulnerable and people experiencing poor mental health. This is because the service was not meeting some legal requirements.

How we carried out this inspection

Before our inspection, we reviewed information sent to us by the provider. This told us how they had addressed the breaches of legal requirements we identified during our comprehensive inspection on 11 November 2014. We carried out an announced focused inspection on 4 November 2015. During our inspection we spoke with a range of staff including two GP partners, two practice nurses, the practice manager and members of the reception and administration team.

Are services safe?

Our findings

Reliable safety systems and processes including safeguarding

At our inspection on 11 November 2014 we spoke with staff about the systems in place around the safeguarding of vulnerable adults and children using the practice. We found they were not always clear of their own responsibilities, the role of the safeguarding lead and the safeguarding processes in place. From our conversations with them and our review of training documentation, we saw that some staff had not completed safeguarding training and others had not completed the level of training appropriate to their roles. However, the practice manager and all the GPs had received safeguarding and child protection training at the level specific to their roles.

Following our request, the provider submitted an action plan informing us of the measures they would take to make the necessary improvements. We inspected the practice again on 4 November 2015 to check action had been taken to improve the safeguarding processes in place.

During our inspection on 4 November 2015 we found there were systems in place for staff to identify and respond to potential concerns around the safeguarding of vulnerable adults and children using the practice. We saw the practice had safeguarding policies and protocols in place and two of the GP partners were the nominated leads for safeguarding issues. The staff we spoke with demonstrated a knowledge and understanding of their own responsibilities, the role of the leads and the safeguarding processes in place. From our conversations with them and our review of training documentation, we saw that staff had received safeguarding and child protection training at the level required for their roles.

Medicines management

At our inspection on 11 November 2014 we found some medicines in the treatment room were beyond their expiry dates. There was no designated lead role for medicines management. The staff we spoke with were mostly aware of their own roles in relation to medicines management and not of the responsibilities of others. From our conversations with them we found that some practice varied. All of the staff we spoke with said there were no

controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) at the practice. However, we found one controlled drug kept with the emergency medicines.

Following our request, the provider submitted an action plan informing us of the measures they would take to make the necessary improvements. We inspected the practice again on 4 November 2015 to check action had been taken to improve medicines management.

When we inspected again on 4 November 2015, we checked medicines stored in the treatment room, including those used in an emergency and found they were within their expiry dates and stored securely. The practice had nominated leads for medicines management issues. Each lead was clear on their additional responsibilities and those of their fellow lead. The staff we spoke with were clear on who the leads were. From our conversations with staff and our review of documentation we found that the practice approach to medicines management was consistent. We saw that the systems and procedures in place in relation to the management of all types of medicines at the practice were well adhered to.

Cleanliness and infection control

At our inspection on 11 November 2014 we saw that standards of cleanliness in some areas of the practice needed to be improved. During our observations and from our conversations with staff we found that clinical procedures involving bodily fluids took place in consulting rooms with carpet tile flooring. It was unlikely those floors could be cleaned properly in the event of any spillage occurring. We saw that some products and kits stored in the treatment room were not labelled or were beyond their expiry dates. This included a container of unidentifiable liquid and a mercury spillage kit. Not all products and chemicals relating to cleaning and infection control were stored securely. Some were accessible to patients. The practice did not audit or complete documented checks of its cleanliness and infection control measures.

Following our request, the provider submitted an action plan informing us of the measures they would take to make the necessary improvements. We inspected the practice again on 4 November 2015 to check action had been taken to improve the cleanliness and infection control processes in place.

Are services safe?

When we inspected again on 4 November 2015 we found that the practice was visibly clean. The practice had a nominated lead for infection control issues. The lead was clear on their additional responsibilities and staff were clear on who the lead was. We saw that all cleaning products, chemicals and specialist spillage kits were appropriately labelled, within their expiry dates and stored securely.

We saw that carpet tile flooring remained in consulting rooms. However, the practice had the appropriate equipment and a protocol in place in the event of a spillage. A completed risk assessment showed the practice only used these rooms for clinical procedures involving bodily fluids in the unlikely event that the preferred treatment room was unavailable.

A documented audit of cleanliness and infection control issues at the practice was completed in October 2015. We saw that where actions were required these were completed and recorded. Infection control processes were adhered to at the practice.

Staffing and recruitment

At our inspection on 11 November 2014 we found that criminal records checks were not available for most staff at the practice, including clinical staff and that those available were completed by previous employers and not by Lister House Surgery. We saw that some staff files did not contain the appropriate recruitment checks such as satisfactory evidence of conduct in previous employment, photographic identification or evidence of a person's right to work in the United Kingdom.

Following our request, the provider submitted an action plan informing us of the measures they would take to make the necessary improvements. We inspected the practice again on 4 November 2015 to check action had been taken to improve the completion of criminal records checks on staff and the recruitment processes in place.

During our inspection on 4 November 2015 we found all clinical staff had received a criminal records check. A risk assessment as to why the existing non-clinical staff did not require a criminal records check was available. The assessment included a decision that as from January 2015

all new staff at the practice would receive a check. No new staff had been recruited by the practice since our last inspection. We looked at five staff records. We saw that where reasonable and practicable the practice had improved the information it held about those staff members. The practice had a recruitment policy in place that set out the checks required when recruiting clinical and non-clinical staff. The senior staff we spoke with said the policy would be strictly adhered to in any future recruitment process.

Arrangements to deal with emergencies and major incidents

At our inspection on 11 November 2014 we found the practice did not have sufficient procedures in place to respond to emergencies and reduce the risk to patients' safety from such incidents. From our conversations with staff and our review of documentation we found the practice did not have a written business continuity plan in place to respond to emergencies such as the loss of premises, records and utilities among other things. There were no formal or informal arrangements in place with other providers for the temporary use of premises or facilities should the need arise.

Following our request, the provider submitted an action plan informing us of the measures they would take to make the necessary improvements. We inspected the practice again on 4 November 2015 to check action had been taken to improve the arrangements to deal with emergencies.

During our inspection on 4 November 2015 we saw the practice had implemented sufficient procedures to respond to emergencies and reduce the risk to patients' safety from such incidents. We saw that as from May 2015 the practice had a business continuity plan in place. This covered the emergency measures the practice would take to respond to any loss of premises, records and utilities among other things. The relevant staff we spoke with understood their roles in relation to the contingency plan. We saw the plan included arrangements with other providers to access their accommodation and services should the need arise.

Are services effective?

(for example, treatment is effective)

Our findings

Effective staffing

At our inspection on 11 November 2014 we found there was no programme of staff appraisals in place. Senior staff at the practice told us there had been an attempt to appraise some staff, but that most nurses and reception staff had not received an appraisal in the past year. They said it was likely most staff had not been appraised since 2008.

Following our request, the provider submitted an action plan informing us of the measures they would take to make the necessary improvements. We inspected the practice again on 4 November 2015 to check action had been taken to improve staff appraisal.

When we inspected the practice again on 4 November 2015 and from our conversations with staff and our review of documentation we saw that all staff had received an appraisal of their performance and competencies in the past year. We looked at some examples and saw that there was an opportunity for staff to discuss any learning needs. The staff we spoke with told us the practice was proactive in organising the required training to meet those needs.

Consent to care and treatment

At our inspection on 11 November 2014 there was a mixed response from the clinical staff we spoke with on their understanding of the Mental Capacity Act (2005) (MCA) and its implications for patients at the practice. Some staff demonstrated no knowledge of the MCA or the process used at the practice to ensure patients' capacity to consent was assessed in line with the Mental Capacity Act (2005). There was a risk that patients who lacked capacity would not be properly assessed or receive the appropriate care

and treatment. Clinical staff demonstrated the same mixed level of awareness of the Gillick competency test (a process to assess whether children under 16 years old are able to consent to their medical treatment, without the need for parental permission or knowledge).

Following our request, the provider submitted an action plan informing us of the measures they would take to make the necessary improvements. We inspected the practice again on 4 November 2015 to check action had been taken to improve staff knowledge and awareness of the Mental Capacity Act (2005) and the consent processes in place.

When we inspected the practice again on 4 November 2015 we found that staff were provided with written guidance and information on the Mental Capacity Act (2005). We saw that all the GPs were booked to attend the relevant training in December 2015 and February 2016 to further their knowledge and understanding in this area.

The clinical staff we spoke with demonstrated an understanding of the Mental Capacity Act (2005) and its implications for patients at the practice. From our conversations with them we found that patients' capacity to consent was assessed in line with the Mental Capacity Act (2005). Clinical staff we spoke with gave examples of how a patient's best interests were taken into account if a patient did not have capacity. They were also aware and demonstrated an understanding of the Gillick competency test (a process to assess whether children under 16 years old are able to consent to their medical treatment, without the need for parental permission or knowledge).

There was a practice process for documenting consent for specific interventions. The clinical staff we spoke with were clear on the process and when documented consent was required. We saw examples of documented patient consent for recent patient procedures completed at the practice.

Are services well-led?

Good 

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

Our findings

Governance arrangements

At our inspection on 11 November 2014 some systems and processes at the practice were not fully embedded. This included those in relation to the safeguarding of vulnerable adults and children, medicines management, infection control, criminal records checks, staff appraisals and arrangements to deal with emergencies. We found that a system to ensure staff had read and understood the practice's policies and procedures was lacking. With the exception of medicines management the practice had named members of staff in lead roles. However, in some instances the leads were unclear on their roles and responsibilities and staff were not always aware of who the relevant leads were.

Following our request, the provider submitted an action plan informing us of the measures they would take to make the necessary improvements. We inspected the practice again on 4 November 2015 to check action had been taken to improve the governance arrangements at the practice.

When we inspected the practice again on 4 November 2015 we found systems and processes around areas that were previously of concern were now embedded. From our conversations with staff and our review of documentation we found that a system was in place to ensure staff had read and understood the practice's policies and procedures. Staff demonstrated a knowledge and understanding of the policies and procedures we spoke with them about. We spoke with staff in lead roles. Each lead was clear on their additional responsibilities. The staff we spoke with were clear on who the leads were and demonstrated a knowledge and understanding of the roles of the leads and of their own responsibilities.