

Lister House Surgery - Luton

Inspection report

473 Dunstable Road
Luton
LU4 8DG
Tel: 01582578989
www.listerhouseluton.co.uk

Date of inspection visit: 13 May 2021
Date of publication: 24/06/2021

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?	Good	
Are services effective?	Requires Improvement	
Are services caring?	Good	
Are services responsive to people's needs?	Requires Improvement	
Are services well-led?	Good	

Overall summary

We carried out an announced inspection at Lister House Surgery - Luton on 11 – 13 May 2021. Overall, the practice is rated as requires improvement.

The ratings for each key question are:

Safe - Good

Effective – Requires Improvement

Caring - Good

Responsive – Requires Improvement

Well-led - Good

Following our previous inspection on 11 September 2019, the practice was rated as requires improvement overall and for all key questions except safe which was rated as good. The September 2019 inspection was carried out following a period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for Lister House Surgery - Luton on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was a comprehensive inspection to follow up on:

- All key questions.
- Any breaches of regulations or ‘shoulds’ identified in the previous inspection.

How we carried out the inspection

Throughout the COVID-19 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 staff interviews using video conferencing and telephone calls.
- 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.

Overall summary

- Asking patients to submit online feedback.

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 overall and for all population groups.

We rated the practice as **good** for providing safe services because:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- The practice identified and learnt from significant events. The learning was shared with all practice staff.
- Risk assessments and mitigating actions had been put in place to protect patients and staff during the COVID-19 pandemic.

We rated the practice as **requires improvement** for providing effective services because:

- Improvements had been made to the practice's performance on quality indicators. Although the steps taken to improve uptake for cervical screening was positive, the impact from this work was not fully effective and uptake for cervical screening remained below the 80% minimum target set by Public Health England.
- Care plans for patients experiencing poor mental health did not contain sufficient detail. There was information regarding observations of the patients' physical health such as weight and blood pressure recording but there were no details of their mental health care plan.

We rated the practice as **good** for providing caring services because:

- Feedback from patients was positive regarding the care they received.
- Improvements had been made to patient satisfaction with a positive increase in results of the National GP Patient survey, published in July 2020.
- The practice had identified more carers and improved the support offered to them.

We rated the practice as **requires improvement** for providing responsive services because:

- Results from the National GP Patient survey published in July 2020, showed that patient satisfaction with access to the practice and appointment booking had declined. The practice had made some changes to improve patient satisfaction. However, the impact of these had not yet been assessed.
- Improvements had been made to the handling of complaints.

We rated the practice as **good** for providing well-led services because:

- The GP partnership had been strengthened with two new partners.
- The practice had recruited an experienced practice manager.

Overall summary

- They had made improvements to governance arrangements. Practice policies and procedures were followed.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic.
- Feedback from patients at the time of the inspection was positive regarding improvements made by the practice.

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

- Ensure care and treatment is provided in a safe way to patients.

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

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

- Continue to seek innovative ways to encourage eligible patients to have cervical cancer screening.
- Continue to Improve the identification of patients who have caring responsibilities.
- Take actions to improve the levels of patient satisfaction particularly in relation to telephone access and appointment booking.

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

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities, telephone calls and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Lister House Surgery - Luton

Lister House Surgery - Luton is located in Luton at 473 Dunstable Road, Luton, Bedfordshire, LU4 8DG.

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

The practice is situated within the Bedfordshire, Luton and Milton Keynes Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 6,410. This is part of a contract held with NHS England.

The practice is a member of a primary care network (PCN) that enables them to work with other practices in the area to deliver care.

Information published by Public Health England report deprivation within the practice population group as four on a scale of 1 to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

The age distribution of the practice population closely mirrors the local and national averages.

The practice has five GP partners, four male and one female. The nursing team consists of two advanced nurse practitioners (ANP), a practice nurse and a health care assistant, all female. There is a team of administration and reception staff all lead by a practice manager.

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 were video and telephone consultations. If the GP needs to see a patient face-to-face then the patient is offered a choice of either the main GP location or the branch surgery.

Lister House Surgery is open from 8.30am to 6.30pm Monday to Friday with the telephone lines open from 8am. The practice offers extended hours on a Monday and Tuesday evening from 6.30pm to 8.30pm.

Routine appointments with a GP, practice nurse or health care assistant can also be booked through the practice for the Luton Extended Access Service. This service operates on Monday to Friday evenings from 6pm to 9pm and on Saturdays and Sundays from 8.30am to 2.30pm at two local GP Practices.

When the practice is closed out of hours services are provided by Herts Urgent Care and can be accessed via the NHS 111 service.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care plans for patients experiencing poor mental health did not contain sufficient detail. There was information regarding observations of the patients' physical health such as weight and blood pressure recording. However, there were no details of their mental health care plan. This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.