

# Lawrence Hill Health Centre

## Inspection report

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Easton  
Bristol  
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[www.lawrencehillhealthcentre.co.uk](http://www.lawrencehillhealthcentre.co.uk)

Date of inspection visit: 3 August 2022  
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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?

Requires Improvement



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



# Overall summary

We carried out an announced inspection at Lawrence Hill Health Centre on 3 August 2022. Overall, the practice is rated as Requires improvement.

Set out the ratings for each key question

Safe - Requires improvement.

Effective – Requires improvement.

Responsive – Good.

Well-led – Requires improvement.

Following our previous inspection on 4 July 2019 the practice was rated Requires Improvement overall and for the key questions Effective and Well Led. The key questions Caring and Reponsive continue to be rated as Good. We found breaches to Regulation 17 and 19 of the Health and Social Care Act Regulations 2014.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for Lawrence Hill Health Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

This inspection was a comprehensive inspection to follow up on a previous rating of Requires Improvement with identified areas of improvement from July 2019. There were no breaches of Regulation found at the last inspection. The inspection looked at four of the key areas Safe, Effective, Responsive and Well Led. A previous rating of Good for provision of Caring services was carried forward.

## 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 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

## Our findings

# Overall summary

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**

We found that:

- The provider had made some improvements towards the areas identified at the previous inspection. However, further improvements were required and new areas identified.
- There was no oversight of staff recruitment files including Disclose and Barring Service (DBS) checks and vaccinations records.
- Senior leaders could not clearly demonstrate competency of their staff including mandatory training.
- Clinical staff were not always able to access Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions in line with guidance.
- There was no monitoring of controlled drug prescribing.
- Adaptions to care provisions were provided in line with the diverse patient population including having clinic sessions for screening be converted to education sessions to promote uptake of screening in the Somali patient population.
- Senior leaders were not measuring any improvement in line with the Vision, values and strategy.
- An open culture was reported by staff.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed and that specified information is available regarding each person employed.

The provider **should**:

- Continue to improve patient uptake of cervical screening and childhood immunisations.
- Consider improving oversight of patient referrals to ensure safe transition of care.
- Complete patient surveys to guide improvement.

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

**Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

## Our inspection team

Our inspection team was led by a CQC lead inspector and a team inspector who spoke with staff using video conferencing facilities 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 Lawrence Hill Health Centre

Lawrence Hill Health Centre is located in Bristol at:

Hassell Drive  
Easton  
Bristol  
BS2 0AN

Lawrence Hill Health Centre is based in Bristol city and shares the premises with a pharmacy.

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

The practice is situated within the Bristol, North Somerset and South Gloucester (BNSSG) Integrated Care Systems (ICS) and provides NHS services through a Personal Medical Services (PMS) contract to a patient population of about 10,000. This is part of a contract held with NHS England.

The practice is part of the Bristol Inner City Primary Care Network (PCN) who share resources and provide support where needed.

Information published by Public Health England shows that deprivation within the practice population group is in the first decile (one of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 55.9% White, 26.1% Black, 9.6% Asian, 6.1% Mixed and 2.3% Other.

There is a team of five GP Partners, who are supported by two salaried GPs. The practice has a team of four nurse prescribers, four nurses who provide nurse led clinics for long-term conditions. The practice also employ allied healthcare professionals and clinical support staff. The GPs are supported at the practice by a team of reception/administration staff. The practice manager and assistant practice manager are based at Lawrence Hill Health Centre to provide managerial oversight.

The practice is open between 8 am to 6:30 pm Monday to Friday, and provide additional cover between 7:30 am and 8 am three days a week. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

The practice has opted out of providing an out-of-hours service. Patient calling the practice when it is closed are referred to local out-of-hours service provider Brisdoc or NHS111.

## 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 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none"><li>• Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) documents were not held in line with guidance.</li><li>• Patient Group Directions (PGDs) were not always managed according to national guidance.</li><li>• There were inconsistencies in the management of staff appraisals.</li><li>• Controlled drug prescribing was not monitored.</li><li>• There were inconsistencies in the reporting of Statutory Notifications.</li><li>• There was no oversight of mandatory training.</li></ul> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

## Requirement notices

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

#### **How the regulation was not being met:**

The registered person had failed to take such action as is necessary and proportionate to ensure that persons employed continued to have the qualifications, competence, skills and experience necessary for the work to be performed by them. In particular:

- Recruitment files were not held in line with guidance.
- Disclosure and Barring Service (DBS) checks and vaccination records for staff were not held in line with guidance.
- The induction process was not embedded practice.
- Competence of Non-Medical Prescribers was not always effectively measured.

This was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.