

North Laine Medical Centre

Inspection report

12-14 Gloucester Street
Brighton
East Sussex
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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

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Inadequate 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Inadequate 

Overall summary

This practice is rated as inadequate overall. (Previous rating August 2018 – Inadequate)

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Good

Are services responsive? – Requires improvement

Are services well-led? - Inadequate

We conducted a comprehensive inspection of this practice on 31 July and 16 August 2018. Breaches of legal requirements were found in relation to the processes to safeguard children and vulnerable adults from abuse, the systems for monitoring patient health in relation to the use of medicines, the management and storage of medicines, governance arrangements and staffing. We issued four warning notices requiring the practice to achieve compliance with the regulations set out in those warning notices. A warning notice was issued against regulation 12 (Safe care and treatment), regulation 13 (Safeguarding service users from abuse and improper treatment), regulation 17 (Good governance) and regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This inspection was a focused inspection carried out on 6 November 2018 to confirm whether the practice was compliant with the warning notices issued following the inspection on 31 July and 16 August 2018. The practice was not rated because of this inspection. Therefore, the ratings remain unchanged as this report only covers our findings in relation to the requirements set out in the warning notices.

At this inspection we found that the requirements of the four warning notices had been met.

Our key findings across the areas we inspected for this focused inspection were as follows:

- The practice had made significant improvements since our last inspection. The processes to identify, understand, monitor and address current and future risks including risks to patient safety had been revised and improved. For example, the processes to safeguard children and vulnerable adults from abuse, the systems for monitoring patient health in relation to the use of medicines, and the management and storage of medicines.
- The practice demonstrated effective systems to ensure that significant events, complaints and safety alerts were always thoroughly recorded, analysed and appropriately stored, and that learning was shared effectively with staff.
- Risks to patients were assessed and well managed. The practice maintained appropriate standards of cleanliness and hygiene. A variety of risk assessments had been completed to monitor safety and maintenance of the premises.
- The practice had taken steps to improve the overall culture and communication in the practice. There was a clear leadership structure and staff told us they felt morale had improved at the practice.

The areas where the provider should make improvements are:

- Strengthen the safeguarding processes to ensure information is consistently stored on the practice system.
- Strengthen the training provided to staff for fire safety.
- Implement the plan to destroy unwanted handwritten prescription pads.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor, and a Pharmacist Specialist.

Background to North Laine Medical Centre

North Laine Medical Centre, located in central Brighton, provides general medical services to approximately 4,170 patients. Services are provided from North Laine Medical Centre, 12-14 Gloucester Street, Brighton, East Sussex, BN1 4EW.

There are three GP partners and one salaried GP (two male, two female), one practice nurse and one health care assistant. GPs and nurses are supported by a practice manager and a team of reception/administration staff.

North Laine Medical Centre had been working closely with their sister practice, St Peter's Medical Centre, since 2016. In October 2018 it was announced that North Laine Medical Centre would close, and the two practices would be merging together at St Peter's Medical Practice. This was due to take place in December 2018.

Data available to the Care Quality Commission (CQC) shows the practice population has a higher number of patients in paid work or full-time education, when compared with the average for England. The number of patients from birth to 18 years old served by the practice is slightly below the England average. The number of

patients aged 85 years and over is below the England average. The percentage of registered patients suffering deprivation (affecting both adults and children) is higher than the average for England.

North Laine Medical Centre is open from Monday to Friday between 8:30am and 6pm. The practice is closed between 1pm and 2:30pm when telephones are accessible for emergencies but not routine calls.

Appointments can be booked over the telephone, online or in person at the surgery. Patients are provided information on how to access an out of hour's service by calling the surgery or viewing the practice website .

The practice offers a number of services for its patients including; asthma clinics, child immunisation clinics, chronic disease management, smoking cessation, health checks and travel vaccines and advice.

North Laine Medical Centre is registered with the CQC to provide the regulated activities; Treatment of disease, disorder or injury; Diagnostic and screening procedures; Maternity and midwifery services.

Are services safe?

At our previous inspection, we rated the practice as inadequate for providing safe services as:

- The practice had some systems to safeguard children and vulnerable adults from abuse, but these systems and processes were not established and operating effectively.
- The practice could not demonstrate that they always carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- Infection prevention and control (IPC) was not always well managed.
- The practice did not always assess, monitor and manage risks to patient safety.
- The practice did not always have reliable systems for managing and storing medicines, including vaccines and emergency medicines, that minimised risks.
- The practice could not demonstrate that they always learned and made improvements when things went wrong.

We issued a warning notice in response to these concerns. We carried out this inspection to follow up on these concerns on 6 November 2018 and found the practice had made significant improvements.

Safety systems and processes

The practice had clearer systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. They had made arrangements to ensure the GP safeguarding lead role was covered effectively. All staff had completed up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. The safeguarding policy had been updated.
- The practice had updated their staff files to include evidence of appropriate staff checks at the time of recruitment and on an ongoing basis. This included clinical registration and DBS checks. (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.
- The practice had started to implement a plan to improve the information stored on the practice system in relation to children and adults at risk. This included information shared by other agencies and processes to

ensure alerts were placed on patient records appropriately. We found these processes were not yet complete, as we found information was not always placed on patient records appropriately. We also found that alerts were not always consistently applied to, or removed from, the practice computer system.

- The practice had conducted a formal multi-disciplinary safeguarding meeting. These were planned to continue at their sister practice.
- There was an effective system to manage infection prevention and control. They had taken significant action and brought in new processes to ensure appropriate standards of cleanliness and hygiene were maintained. All staff had completed infection control training.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- We found that the practice was safely and securely storing medicines.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance.
- The practice had systems to routinely record, track and monitor blank prescriptions for use with computers. Although we found no records for handwritten prescriptions, the practice intended to destroy unused pads.
- Patients' health was monitored in relation to the use of medicines, including high-risk drugs, and followed up on appropriately. The practice had strengthened their processes to ensure that patients who were identified as pre-diabetic received appropriate health monitoring.

Track record on safety

The practice had a good track record on safety.

Are services safe?

- The practice demonstrated that comprehensive risk assessments had been carried out in relation to safety issues. The practice had conducted a fire risk assessment and fire drills. We saw evidence of this.
- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The practice demonstrated that they learned and made improvements when things went wrong.

- The practice had improved and updated their systems for reviewing and investigating when things went wrong.

They learned and shared lessons, identified themes and took action to improve safety in the practice. We found that the practice had created a log of significant events and the action taken.

- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. We found that the practice kept a log of safety alerts and the action taken in response to these.

Please refer to the Evidence Tables for further information.

Are services effective?

The practice was rated as inadequate for providing effective services because:

- There was a lack of documented clinical pathways and protocols at the practice.
- We found there was conflicting information about the arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- There was limited evidence of quality improvement activity to review the effectiveness and appropriateness of the care provided.
- We were not shown evidence that a programme of learning and development for staff was in place, or their needs always were assessed.

We issued a warning notice in response to these concerns. We carried out this inspection to follow up on these concerns on 6 November 2018 and found the practice had made significant improvements.

Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.

- There were arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation. They had aligned and strengthened their protocol with the sister practice in preparation for the merger.

Monitoring care and treatment

We saw evidence of quality improvement activity to review the effectiveness and appropriateness of the care provided.

The practice provided evidence of four clinical audits that had been completed since our last inspection, which led to quality improvement.

Effective staffing

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

- The practice demonstrated they understood the learning needs of staff and provided protected time and training to meet them. We saw that the practice had updated their training oversight document and ensured that staff had completed, or had planned, relevant and appropriate training. Although fire drills and informal discussions had taken place, staff had not yet completed fire safety training.
- The practice provided staff with additional and ongoing support. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation. All staff had an appraisal, which had been completed using a new format to improve the process.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

The practice was rated as requires improvement for responsive because:

- The processes used to identify and follow up children who were at risk were not clear.
- We could not be assured that lessons were learnt from all concerns, and that complaints were shared appropriately to improve the quality of care. We were not shown evidence of analysis of trends.

We issued a warning notice in response to these concerns. We carried out this inspection to follow up on these concerns on 6 November 2018 and found the practice had made significant improvements.

Responding to and meeting people's needs

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

- We found the practice had improved the systems and processes used to identify and follow up children who

were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. The practice provided evidence of minutes of internal and external safeguarding meetings, including multi-agency meetings to support their improvement plan.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously. They had implemented systems and processes to ensure that complaints and concerns were responded to appropriately to improve the quality of care.

- The practice had created a log of complaints and the actions taken in response to these. We saw that lessons were learnt from all concerns, and that complaints were shared appropriately to improve the quality of care.

Please refer to the evidence tables for further information.

Are services well-led?

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

The practice was rated as inadequate for well-led because:

- There were not always clear responsibilities, roles and systems of accountability to support good governance and management. This included that not all roles were covered effectively.
- Staff stated they felt respected, supported and valued within their own teams, but not always by management.
- The processes to identify, understand, monitor and address current and future risks including risks to patient safety were not always effective

We issued a warning notice in response to these concerns. We carried out this inspection to follow up on these concerns on 6 November 2018 and found the practice had made significant improvements.

Leadership capacity and capability

On the day of inspection, the managers of the practice told us they prioritised safe, high quality and compassionate care.

- The partners demonstrated that they were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders had taken steps to ensure they were visible and approachable. This included clearly displaying their working patterns and ensuring all roles were covered. We were given examples to demonstrate they prioritised compassionate and inclusive leadership.

Vision and strategy

The practice had a vision and strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of the vision, values and strategy and their role in achieving them.

Culture

The practice demonstrated an improved culture, that prioritised high-quality sustainable care.

- Staff stated they felt respected, supported and valued, including by management. They told us the morale at

the practice had improved significantly. The practice had taken steps to improve the overall culture in the practice and communication, particularly with the upcoming merge.

- Leaders and managers told us they would act on behaviour and performance inconsistent with the vision and values.
- The practice demonstrated openness, honesty and transparency when responding to incidents and complaints.
- Staff we spoke with told us they felt better able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- The practice demonstrated that processes for providing all staff with the development they need were effective. For example, appraisal and career development conversations. The practice had ensured all staff received an updated appraisal.
- The practice demonstrated they took the safety and well-being of all staff seriously. They had completed or updated relevant risk assessments in relation to safety issues, including for health and safety.

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 had been clearly set out, were understood and effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety. We found that relevant practice policies and procedures had been updated.

Managing risks, issues and performance

There was improved clarity for the processes for managing risks, issues and performance.

- We found that the processes to identify, understand, monitor and address current and future risks including risks to patient safety had been improved. For example, the processes to monitor and follow up on safeguarding concerns, the recording and oversight of safety alerts,

Are services well-led?

significant events and complaints, the systems for monitoring patient health in relation to the use of medicines, and the management and storage of medicines.

- There evidence that clinical audit had a positive impact on quality of care and outcomes for patients.
- The practice demonstrated they had a major incident plan, nor that staff had completed training in responding during major incidents.

Appropriate and accurate information

The practice had acted on appropriate and accurate information.

- The practice used performance information which was reported and monitored and management and staff were held to account. The practice worked with an IT coordinator, who completed tasks such as the monitoring of QOF.
- The information used to monitor performance and the delivery of quality care was accurate and useful. The practice and their sister practice had plans to address any identified weaknesses following the merge.

- The practice had taken steps to rectify issues 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

There was evidence that the practice involved patients, the public, staff and external partners in discussing and planning service.

- We saw that the practice had brought in various communication methods to engage with their staff and make them feel a part of the change. This included one to one meetings, all staff meetings (both sites), an anonymous communication box and arrangements for staff to work at the sister practice to get to know their new colleagues.

Please refer to the evidence tables for further information.