Leadale Medical Practice

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	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

Overall summary

This service is rated as Good overall. (Previous inspection February 2018 - not rated).

The key questions are rated as:

- Are services safe? – Good
- Are services effective? – Good
- Are services caring? – Good
- Are services responsive? – Good
- Are services well-led? – Good

We carried out an announced, comprehensive inspection at Leadale Medical Practice on 6 June 2019 as part of our inspection programme and to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Leadale Medical Practice is a private practice offering general medical services to approximately 1,000 adults and children. Services include face-to-face consultations, examinations, wound management and management of long-term conditions. The practice is based in Stamford Hill, North London has a staff team comprised of one doctor, one part time sonographer and one receptionist/ administrator.

Seventy two people provided feedback about the service by completing comments cards. The feedback was positive about the practice, its staff and the care and treatment received.

Our key findings were:

•The practice had systems to manage risk so that safety incidents were less likely to happen.

•The practice routinely reviewed the effectiveness and appropriateness of the care it provided and clinical staff ensured care and treatment was delivered according to evidence- based guidelines.

•Clinical staff were qualified and had the skills, experience and knowledge to deliver effective care and treatment.

•The practice was actively engaged in activities to monitor and improve quality and outcomes.

•All 72 of the CQC comment cards we received confirmed staff treated patients with compassion, kindness, dignity and respect.

•There was a proactive approach to understanding the needs of the local community and towards delivering care in a way that met these needs and promoted equality.

•The culture of the service encouraged candour, openness and honesty.

•People could access appointments and services in a way and at a time that suited them.

•We saw examples of compassionate, inclusive and effective leadership.

•Practice management and governance arrangements facilitated the delivery of safe and high quality clinical care.

The areas where the provider should make improvements are:.

- Take action to ensure sufficiently detailed annual Infection Prevention and Control (IPC) audits take place.
- Continue to conduct periodic Legionella risk assessments and act on findings.

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a CQC GP specialist adviser.

Background to Leadale Medical Practice

Leadale Medical Practice is a private medical surgery located in the basement of a residential building in the Stamford Hill area of north London. The service is led by a sole doctor who is supported by a receptionist/ administrator. Services include face-to-face consultations, examinations, wound management and management of long-term conditions.

The surgery is open from Sunday to Friday 9.00am-1.30pm and 6.00pm-10.00pm with occasional Saturday evening opening to meet patient demand and/ or for emergency appointments.

The practice answers patient calls up until midnight and then directs patients to an operator managed messaging service until it resumes again in the morning. If a patient calls requiring urgent assistance, they are referred to one of two out of hours providers which will see patients without their needing to be members.

The practice has approximately 1,000 privately registered patients. Patients can book appointments by telephone or in person. The doctor undertakes home visits for those patients who are unable to physically access the service.

The practice's doctor is also the registered manager. A registered manager is a person who is registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. This service had been previously inspected by the CQC in February 2018 using our old methodology.

How we inspected this service

We carried out an inspection of Leadale Medical Practice on 6 June 2019. Before visiting, we reviewed a range of information we hold about the practice.

During our visit we:

•Spoke with the doctor and receptionist/administrator.

•Reviewed a sample of the personal care or treatment records of patients.

•Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

•Spoke with patients.

•Reviewed protocols, policies and procedures.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

•Is it safe?

•Is it effective?

•Is it caring?

•Is it responsive to people's needs?

•Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Good

Are services safe?

We rated safe as Good because:

•The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.

•Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.

•The practice had adequate arrangements to respond to emergencies and major incidents.

•However, we also two areas requiring improvement which related to the safe provision of treatment; and how the practice identified infection prevention and control (IPC) risks and managed risks associated with the Legionella bacterium. When we identified these improvement areas, the practice took immediate action.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

•The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.

•The service had systems in place to assure that an adult accompanying a child had parental authority.

•The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.

•The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken in accordance with the practice's protocols. 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.

•All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.

•An infection prevention and control (IPC) audit had taken place in May 2019 but we noted it lacked sufficient detail (regarding for example the management of clinical waste and personal protective protection). During our inspection, the provider sourced and began to complete an IPC audit template which we noted was comprehensive and would enable infection risks to be identified.

•We noted a February 2018 Legionella risk assessment recommended monthly water temperature monitoring and annual water sample analyses. However, logs showed the water temperature monitoring undertaken by the practice was intermittent and that a February 2019 water sample analysis had not taken place. The provider told us they had acted on the results of the February 2018 assessment and had removed a water storage tank and associated pipework; and shortly after our inspection we were sent evidence which confirmed the Legionella bacteria was not present in the water system. The provider also told us going forward they would continue to conduct periodic Legionella risk assessments.

•The provider ensured that facilities and equipment were safe and equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

•The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service and those who may be accompanying them.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

•There were arrangements for planning and monitoring the number and mix of staff needed.

•There was an effective induction system for agency staff tailored to their role.

•Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis.

•When there were changes to services or staff the service assessed and monitored the impact on safety.

•There were appropriate indemnity arrangements in place to cover all potential liabilities.

Good

Are services safe?

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

•Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.

•The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.

•The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event they cease trading.

•Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

Safe and appropriate use of medicines

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

•The systems and arrangements for managing medicines, including vaccines, controlled drugs, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.

•The service carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. For example antibiotic prescribing audits.

•Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. Processes were in place for checking medicines and staff kept accurate records of medicines. Where there was a different approach taken from national guidance there was a clear rationale for this that protected patient safety.

•There were effective protocols for verifying the identity of patients including children.

Track record on safety and incidents

The service had a good safety record.

•There were comprehensive risk assessments in relation to safety issues.

•The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

•There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.

•There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons identified themes and took action to improve safety in the service.

•For example, one of the two significant events logged since our last inspection related to a December 2018 incident whereby a new patient attended the practice without their list of current medications and was prescribed Medication X. Later that day they told the practice their current medication included Medication Y for which the practice noted there was a contraindication or adverse reaction. The patient was advised not to take medication X and following staff discussion the practice protocol was revised so that prescriptions were withheld until patients' current medication was fully verified. We noted the openness with which the incident was discussed and reflected upon.

•The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

•The service gave affected people reasonable support, truthful information and a verbal and written apology

•They kept written records of verbal interactions as well as written correspondence.

•The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.

Good

Are services effective?

We rated effective as Good because:

•The service provided care and treatment in line with current guidelines; and had systems in place to ensure all staff had the skills, knowledge and ongoing professional development to deliver a clinically effective service.

•There was a comprehensive and embedded program of quality improvement including the use of clinical audits to drive service improvement.

•We saw evidence to demonstrate the service operated a safe, effective and timely referral process.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service).

•The provider assessed needs and delivered care in line with relevant and current evidence based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. For example, regarding the care of patients with high blood pressure.

•Patients' immediate and ongoing needs were fully assessed. Where appropriate this included their clinical needs and their mental and physical wellbeing. During our inspection, a patient spoke positively about the thoroughness of the doctor's assessment in this regard.

•Clinicians had enough information to make or confirm a diagnosis.

•We saw no evidence of discrimination when making care and treatment decisions.

•Staff assessed and managed patients' pain where appropriate.

•The practice had recently purchased a C-Reactive Protein (CRP) machine and we noted the determination of CRP through blood analysis facilitated the prompt clinical management of patients with infection symptoms.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

•The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality. For example, we noted in the last 12 months the provider had undertaken two audits of antibiotic use, prescriptions issued and patient data recording.

Effective staffing

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

•All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.

•Relevant professionals were registered with the General Medical Council (GMC) and were up to date with revalidation.

•The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

•Staff whose role included immunisation and reviews of patients with long term conditions had received specific training and could demonstrate how they stayed up to date.

Coordinating patient care and information sharing

Staff worked together and worked well with other organisations to deliver effective care and treatment.

•Patients received coordinated and person-centred care. Staff referred to, and communicated effectively with, other services when appropriate for example referral specialists and laboratories.

•Before providing treatment, doctors at the service ensured they had adequate knowledge of the patient's health and any relevant test results. A recent significant event had prompted the provider to review and improve how it assessed patients' medicines histories.

•All patients were asked for consent to share details of their consultation and any medicines prescribed with their registered GP on each occasion they used the service.

•The provider had risk assessed the treatments they offered. They had identified medicines that were not suitable for prescribing if the patient did not give their

consent to share information with their GP, or they were not registered with a GP. For example, medicines liable to abuse or misuse, and those for the treatment of long term conditions such as asthma.

•Care and treatment for patients in vulnerable circumstances was coordinated with other services.

•Patient information was shared appropriately (this included when patients moved to other professional services), and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way. There were clear and effective arrangements for following up on people who had been referred to other services.

Supporting patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

•Where appropriate, staff gave people advice so they could self-care.

•Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

•Staff understood the requirements of legislation and guidance when considering consent and decision making.

•Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

•The service monitored the process for seeking consent appropriately.

Good

Are services caring?

We rated caring as Good because:

•All 72 of the CQC comment cards we received confirmed that staff treated patients with compassion, kindness, dignity and respect.

•We saw evidence the service involved patients' fully in decisions about their care and provided all information, including treatment costs, prior to the start of treatment.

•Screens were provided in treatment rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.

•We noted conversations taking place in treatment rooms could not be overheard.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

•Feedback from patients was entirely positive about the way staff treat people.

•Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.

•The service gave patients timely support and information.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

•Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.

•Patients told us through comment cards and face to face interviews they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

•For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.

•Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

Privacy and Dignity

The service respected patients' privacy and dignity.

•Staff recognised the importance of people's dignity and respect.

•Staff knew if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Good

Are services responsive to people's needs?

We rated responsive as Good because:

•The service was responsive to patients' needs. Patients were able to access appointments when they needed them with quick access to test results.

•Although the practice was situated in a basement location, staff explained the doctor was able to make home visits for people who found it difficult to access the premises.

•The service had a complaints policy in place and information about how to make a complaint was available for patients.

•There was a proactive approach to understanding the needs of the local community and towards delivering care in a way that met these needs and promoted equality.

Responding to and meeting people's needs

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

•The provider understood the needs of their patients and improved services in response to those needs.

•Reasonable adjustments had been made so that people in vulnerable circumstances could access and use services on an equal basis to others. For example, although the practice was situated in a basement location, staff explained the doctor was able to make home visits for people who found it difficult to access the premises.

Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

•Patients had timely access to initial assessment, test results, diagnosis and treatment.

•Waiting times, delays and cancellations were minimal and managed appropriately.

•Patients with the most urgent needs had their care and treatment prioritised.

•Patients reported the appointment system was easy to use.

•Referrals and transfers to other services were undertaken in a timely way.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded appropriately to improve the quality of care.

•Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.

•The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.

•The service had a complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. Although the practice had not received any written complaints since our last inspection in February 2018, systems were in place to act, if required, to improve the quality of care.

Good

Are services well-led?

We rated well-led as Good because:

•There was a clear leadership, vision and strategy for the service.

•The service had a comprehensive range of policies and procedures in place to identify and manage risks and to support good governance.

•The service had systems in place which ensured patients' data remained confidential and secured at all times.

•The practice supported staff members to develop in their role and there was a focus on continuous improvement.

•Clinical and practice management arrangements worked well together and facilitated the delivery of safe and high quality care.

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

•Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

•Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

•The provider had effective processes to develop leadership capacity and skills.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

•There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.

•The service developed its vision, values and strategy jointly with staff.

•Staff were aware of and understood the vision, values and strategy and their role in achieving them

•The service monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care.

•Staff felt respected, supported and valued. They were proud to work for the service.

•The service focused on the needs of patients.

•Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

•Records confirmed that openness, honesty and transparency were demonstrated when staff responded and reflected on safety incidents. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

•Staff told us they could raise concerns and were encouraged to do so. They had confidence these would be addressed.

•There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were considered valued members of the team. They were given protected time for professional development and evaluation of their clinical work.

•There was a strong emphasis on the safety and well-being of all staff.

•The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.

•There were positive relationships between staff and teams.

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 were clearly set out, understood and effective.

•The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

•Staff were clear on their roles and accountabilities.

Good

Are services well-led?

•Leaders had established proper policies, procedures and activities to ensure safety and assured themselves they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

•There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.

•The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of teir consultations, prescribing and referral decisions. The doctor maintained oversight of safety alerts, incidents and complaints.

•Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change services to improve quality.

•The provider had plans in place and had trained staff for major incidents.

•The provider took prompt action during our inspection to improve systems for managing infection prevention and control (IPC) risks and those associated with the Legionella bacterium.

Appropriate and accurate information

The service acted on appropriate and accurate information.

•Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

•Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

•The service used performance information which was reported and monitored and management and staff were held to account.

•The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.

•The service submitted data or notifications to external organisations as required.

•There were robust arrangements in line 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

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

•The service encouraged and heard views and concerns from the public, patients, staff and external partners and acted on them to shape services and culture.

•Staff could describe to us the systems in place to give feedback including supervision meetings and group reflection sessions. We saw evidence of feedback opportunities for staff and how the findings were fed back.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

•There was a focus on continuous learning and improvement.

•The service made use of internal and external reviews of incidents. Learning was shared and used to make improvements.

•Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

•There were systems to support improvement and innovation work. For example, we noted in the last 12 months the provider had undertaken audits of antibiotic use, prescriptions issued and patient data recording.