

Lawrence House Surgery

Quality Report

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Date of inspection visit: 4 October 2017
Date of publication: 06/11/2017

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 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Lawrence House Surgery on the 19 December 2016. The overall rating for the practice was Good. The full comprehensive report on the 19 December 2016 inspection can be found by selecting the 'all reports' link for Lawrence House Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 4 October 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 19 December 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as Good.

Our key findings were as follows:

- The practice had a safe and effective system for taking action in relation to MHRA (Medicines and Healthcare products Regulatory Agency) updates. The practice took action where necessary to mitigate the risks to patient safety.

At our previous inspection on 19 December 2016, we rated the practice as requires improvement for providing safe services as the practice was not taking the relevant action following the receipt of MHRA updates, doing all that was reasonably practicable to mitigate the risks to patients. At this inspection we found arrangements for managing the receipt of all MHRA alerts including updates were robust and effective, therefore ensuring that patients who may be affected were appropriately identified, and assessed and treated appropriately in line with published guidelines. Consequently, the practice is rated as good for providing safe services.

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?

The practice is rated as good for providing safe services.

- MHRA updates had been reviewed, assessed, and acted on in accordance with local and national guidelines.
- Systems were in place to ensure all MHRA alerts including updates were fully acted upon. Practice leads had been identified to ensure that there was effective governance in relation to MHRA notifications. This included a clear decision making process, recorded decisions, effective clinical evaluation and on going follow up for patients.

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

The practice is rated as good for the care of older people. As the practice was found to be providing good services overall, this did not affect the rating for the population groups we inspect against.

Good



People with long term conditions

The practice is rated as good for the care of people with long term conditions. As the practice was found to be providing good services overall, this did not affect the rating for the population groups we inspect against.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. As the practice was found to be providing good services overall, this did not affect the rating for the population groups we inspect against.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people. As the practice was found to be providing good services overall, this did not affect the rating for the population groups we inspect against.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. As the practice was found to be providing good services overall, this did not affect the rating for the population groups we inspect against.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). As the practice was found to be providing good services overall, this did not affect the rating for the population groups we inspect against.

Good



Lawrence House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to Lawrence House Surgery

Lawrence House Surgery is based in Tottenham, North London. The practice is one of a number of GP's within the Haringey Clinical Commissioning Group (CCG). It has a practice list of around 16825. The practice is registered to provide treatment of disease, disorder or injury, surgical procedures, maternity and midwifery services, family planning, diagnostic and screening procedures.

Practice staff include a senior male GP partner, three male and two female GP partners, one male and three female salaried, one female nurse practitioner, three female practice nurses, two female healthcare assistants, a practice manager, an operations manager, two assistant operations managers and a team of reception/administrative staff.

The practice is a training practice and trained two GP registrars.

The practice is open between 8.30am and 6.30pm Monday, Thursday and Friday and from 8.30am to 8pm on Tuesday and Wednesday. Outside of these hours, cover was provided by the out of hours GP service which operated from 6.30pm to 8am, seven days a week and the NHS 111service.

Why we carried out this inspection

We undertook a comprehensive inspection of Lawrence House Surgery on 19 December 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good. The full comprehensive report following the inspection on 19 December 2016 can be found by selecting the 'all reports' link for Lawrence House Surgery on our website at www.cqc.org.uk.

We undertook a focused follow up inspection of Lawrence House Surgery on 4 October 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

We carried out a focussed follow up inspection of Lawrence House Surgery on 4 October 2017. This involved reviewing evidence that:

- MHRA updates had been reviewed, assessed, and acted on in accordance with local and national guidelines and that systems were in place to ensure all MHRA alerts including updates were fully acted upon.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection on 19 December 2016, we rated the practice as requires improvement for providing safe services as the practice was not taking the relevant action following the receipt of MHRA updates, doing all that was reasonably practicable to mitigate the risks to patients.

These arrangements had improved when we undertook a focused follow up review on 4 October 2017. The practice is now rated as good for providing safe services.

When we inspected in December 2016 we found that care and treatment was not being provided in a safe way as the practice was not taking the relevant action following the receipt of all MHRA updates, doing all that is reasonably practicable to mitigate risks to patients. MHRA updates were not acted upon and relevant patient checks were not being undertaken. We found that medicine safety updates were not acted upon by clinical staff and there was no audit trail in the clinical meeting minutes to evidence this. For example, the practice had received an update on Hyperkalaemia risk with Spironolactone in combination with renin-angiotensin system medicines (medicines used for high blood pressure and heart failure) in February 2016 and patients on this combination of medicines had not been monitored. An MHRA drug safety update on Nexplanon (etonogestrel) contraceptive implants had not been actioned by the provider.

We asked the provider to take action. At this inspection we found arrangements for managing the receipt of all MHRA alerts including updates were robust and effective, therefore ensuring that patients who may be affected were appropriately identified, and assessed and treated appropriately in line with published guidelines. The practice had identified two clinicians to lead on MHRA alert management; to ensure that the appropriate governance arrangements were in place; including records of clinical discussion and decision, overseen through the regular clinical meetings, that patient reviews happen where necessary following local and national guidelines and that actions are put in place to ensure that patients in receipt of the medicine are consistently reviewed in line with any further MHRA updates. We saw how such alerts were logged on a clinical record system to ensure that each one is tracked appropriately, including the dates of the weekly meetings in which they are discussed and action agreed

and dates for follow up review. We looked at five recent MHRA alerts issued since January 2017. All had had a clinical review; action agreed and follows up process put in place.

For example, we looked at an MHRA alert issued in June 2017 for patients taking Finasteride (a medicine used in the treatment of male hair loss) in which reports had been made regarding possible links to depression and in rare cases suicidal thoughts. Advise to patients from the MHRA was to stop Finasteride 1 mg immediately should concerns be identified. We found that this had been discussed at the July 2017 clinical meeting where a decision to search all patients on this medicine were identified. We saw that the practice had identified 72 patients taking Finasteride 5mg and we saw that in a sample of six patient records clinicians had recorded the MHRA alert and discussion regarding depression with patients to ensure they were aware of the concerns that had been raised and to see a GP should they arise in the future.

In another example, we looked at an MHRA update from April 2017 for women of child bearing age who had been taking Valporate (a medicine used to treat epilepsy and bipolar disorder and to prevent migraine headache). Developmental risks to babies born to mothers who had been taking this medicine had been identified despite previous alerts to all prescribers nationally in January 2015 and February 2016. Prescribers were advised by the MHRA to review all patients on this medicine and take appropriate action. We found that this update had been discussed at the May 2017 clinical meeting where a decision to search all patients of childbearing age 11-50 had been agreed. We then looked at six patient record examples to assess what discussion and ongoing plan had been put in place to ensure patients were kept safe and should they choose to remain on Valporate and become pregnant, this included discussion about contraception. We noted that the practice had implemented a localised consent process where patients signed to state they understood the risks as they had been explained to them of continuing on Valproate in line with national guidelines or where it was agreed an alternative medicine had been identified.

Consequently, we found that MHRA updates had been reviewed, assessed, and acted on in accordance with local and national guidelines. Systems were in place to ensure all MHRA alerts including updates were fully acted upon. Practice leads had been identified to ensure that there was

Are services safe?

effective governance in relation to MHRA notification. This included a clear decision making process, recorded decisions, effective clinical evaluation and ongoing follow up for patients. Therefore, the practice is rated as good for providing safe services.