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Leadale Medical Practice

Inspection report

Leadale Medical Practice
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Overall summary

We carried out an announced comprehensive inspection on 8 February 2018 to ask the service the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?
We found that this service was providing safe care in accordance with the relevant regulations.

Are services effective?
We found that this service was providing effective care in accordance with the relevant regulations.

Are services caring?
We found that this service was providing caring services in accordance with the relevant regulations.

Are services responsive?
We found that this service was providing responsive care in accordance with the relevant regulations.

Are services well-led?
We found that this service was providing well-led care in accordance with the relevant regulations.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned 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 and one receptionist/administrator.

Eighty three 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. Clinical staff ensured that 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.

Summary of findings

- All 83 of the CQC comment cards we received confirmed that 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.

There were areas where the provider could make improvements and should:

- Review systems to ensure that upon assembly, sharps bins are labelled, signed, dated and locked.
- Ensure that the service's Sharps Injuries Policy is displayed in the treatment room.
- Introduce a cleaning schedule for the service's ultrasound machine.
- Implement a protocol for date checking and stock control of dispensary medication.
- Consider benchmarking its clinical activity against similar services.
- In accordance with its latest Legionella risk assessment, undertake periodic water temperature monitoring and water sample analysis (Legionella is a term for particular bacteria which can contaminate water systems in buildings).

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that overall, this service was providing safe care in accordance with the relevant regulations. However, we also found some areas where improvements should be made relating to the safe provision of treatment. These related to identified infection prevention and control risks and to risks associated with the absence of a stock control protocol for dispensary medication.

- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that 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.

Are services effective?

We found that this service was providing effective care in accordance with the relevant regulations.

- The service provided care and treatment in line with current guidelines; and had systems in place to ensure that all staff had the skills, knowledge and on going professional development to deliver a clinically effective service.
- The service carried out assessments and treatment in line with relevant and current evidence based guidance and standards.
- 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 that the service operated a safe, effective and timely referral process.
- The process for seeking consent was monitored through patient records audits and we saw evidence of this during our inspection. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Are services caring?

We found that this service was providing caring services in accordance with the relevant regulations.

- All 83 of the CQC comment cards we received confirmed that staff treated patients with compassion, kindness, dignity and respect.
- We saw evidence that the service involved patients fully in decisions about their care and provided all information, including costs, prior to the start of treatment.
- Screens were provided in the treatment room to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that conversations taking place in the treatment room could not be overheard.

Are services responsive to people's needs?

We found that this service was providing responsive care in accordance with the relevant regulations.

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

Summary of findings

- People could access appointments and services in a way and at a time that suited them.
- Although the practice was situated in a basement location, staff explained that the doctor was able to make home visits for people who were 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.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

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

Leadale Medical Practice

Detailed findings

Background to this inspection

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 9am-1.30pm and also 6pm-10.00pm in order 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.

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.

We carried out an inspection of Leadale Medical Practice on 8 February 2018. The inspection team comprised a CQC inspector and a GP specialist advisor. 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.
- 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?

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 April 2013, using our old methodology.

Are services safe?

Our findings

We found that this service was providing safe services in accordance with the relevant regulations.

Safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety:

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff electronically and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- The practice's doctor was the safeguarding lead for children and vulnerable adults. Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role, for example, the practice GP was trained to level three and the receptionist to level one.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. The service worked with other agencies to support patients and protect them from neglect and abuse. For example, we saw evidence of the practice making an appropriate safeguarding referral to the local authority based on concerns that it had identified.
- A notice in the waiting room advised patients that chaperones were available if required. We were informed that the receptionist acted as a chaperone when necessary. They were trained for this role and had received a Disclosure and Barring Service (DBS) check. 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.
- We reviewed personnel files and found the practice held all necessary pre-employment checks and related documentation.
- The doctor provided us with evidence of an in house Legionella risk assessment carried out within the previous 12 months (Legionella is a term for particular bacteria which can contaminate water systems in buildings). We noted that the assessment determined a low risk across the premises. Shortly after our inspection, we were sent confirming evidence that an external company had conducted a Legionella risk assessment and that the provider would be acting on its recommendations regarding periodic water temperature monitoring and water sample analysis.

Risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety:

- The practice had up to date fire risk assessments. Fire extinguishing equipment and fire exit signage was in place in the practice. There was a fire evacuation plan and regular fire drills were carried out.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The doctor's personnel file showed that appropriate medical indemnity insurance was in place.
- There was a health and safety policy available and evidence of a recent risk assessment.
- There was an effective system to manage infection prevention and control risks. The practice GP was the infection prevention and control (IPC) lead and an IPC policy was in place. Clinical waste was disposed of in a suitable manner. Staff had access to personal protective equipment (PPE) such as disposable gloves and aprons. An audit had taken place within the last 12 months in addition to staff IPC training.
- We observed the premises to be visibly clean and tidy and we saw that generic cleaning schedules were maintained. However, we noted that there was no specific cleaning schedule for the service's recently purchased ultrasound machine. We were advised that this would immediately be introduced.
- We also noted that sharps bins were not labelled, signed and dated upon assembly; and that the service's sharps injury policy was not displayed in the clinical rooms.

Information to deliver safe care and treatment

- The information needed to plan and deliver safe care and treatment was available to relevant staff in a timely

and accessible way through the service's secure patient record system. This included investigation and test results, health assessment reports and advice and treatment.

- The practice actively sought patients' consent to share information about care and treatment provided by the practice with their NHS GP.
- Safety alerts and Medicine and Healthcare products Regulatory Agency (MHRA) alerts were received via email and appropriately logged and actioned.

Safe and appropriate use of medicines

- The provider had effective arrangements for managing and prescribing medicines. However, there was no policy or procedure for date checking and stock control of dispensary medication.
- The practice carried out audits to ensure it was managing medicines in line with its policy and protocols (for example regarding antibiotic prescribing).
- The GP routinely reviewed updates to national guidelines and medicines safety alerts to ensure safe prescribing.
- The fridge temperature was monitored on a daily basis, and we saw evidence that its temperature was within the required range.
- The doctor always recommended generic medicines as opposed to branded medicines as this ensured value for money for patients.

Arrangements to deal with medical emergencies and major incidents

- The practice had adequate arrangements to respond to emergencies and major incidents.
- The doctor had received annual basic life support training within the previous 12 months and emergency medicines were easily accessible to staff in a secure area of the practice.
- There were appropriate emergency medicines available within the practice.
- Oxygen was available on the premises. Adult masks were available but not child masks. These were ordered and delivered to the practice whilst we were on site. A first aid kit and accident book was available.
- The practice did not have a defibrillator available on the premises, however a written risk assessment had been undertaken which determined a low risk given that a local ambulance service was located on the same road with staff who could attend the practice within two minutes.
- The practice had a business continuity plan for major incidents such as power failure or building damage.

Track record on safety

A system was in place for recording, reporting and investigating serious events. Although there had been no serious events recorded in the previous 12 months, both the doctor and receptionist told us they would feel confident to raise and investigate any events or concerns.

Lessons learned and improvements made

- The practice was aware of the requirements of the Duty of Candour. The Duty of Candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents.
- The provider was able to evidence one example of where improvements were made following due to a patient incident. The incident led to the GP asking for expert advice from a specialist surgeon. To ensure better care and treatment, the GP has since changed their practise based on the recommendations of the specialist surgeon.
- We noted that the provider routinely reviewed its protocols to ensure they were working effectively and to identify scope for further improvement (for example as in the case of a possible abnormal blood test sample which had had to be expedited to the laboratory for analysis).

Are services effective?

(for example, treatment is effective)

Our findings

We found that this service was providing safe services in accordance with the relevant regulations.

Effective needs assessment, care and treatment

- There was evidence that the service carried out assessments and treatment in line with relevant and current evidence based guidance and standards. The GP assessed patients' needs and delivered care in line with National Institute for Health and Care Excellence (NICE) evidence based practice. We saw evidence to support that comprehensive assessments took place using clear clinical care pathways and protocols.
- The practice offered a range of in-house diagnostic tests and developed links with a wide range of specialists to facilitate appropriate referrals.

Monitoring care and treatment

- The service had systems in place to monitor the quality of care and treatment. For example, the practice undertook regular audits of medical record keeping, patient details, prescribing of antibiotics and anti-depressants.
- We noted that the service's audit of anti-depressant prescribing was a complete two-cycle audit. The first cycle of the audit in 2016 highlighted that 2% of all consultations had resulted in prescribing anti-depressants. Following the doctor consciously reviewing the prescribing, a 2017 reaudit highlighted that only 0.4% of all consultations resulted in the prescribing of anti-depressants.

Effective staffing

- The staff compromised of a sole doctor and a receptionist. They had both received appropriate training in line with their respective roles. Examples of training included: safeguarding, fire safety awareness and basic life support. Staff had access to and routinely made use of the service's its policies.
- Both members of staff had evidence of yearly appraisals.
- We saw evidence that the doctor ensured his skills, knowledge and registration as a doctor was up to date by way of professional revalidation.

Coordinating patient care and information sharing

- The service shared information to plan and co-ordinate patient care effectively.
- Information was shared between services with patients' consent. Patients were actively encouraged to allow them practice to share information about their treatment with their NHS GP.
- We found that the service shared relevant information with other services in a timely way, for example when referring patients to other services.

Supporting patients to live healthier lives

- Patients had access to appropriate health assessments and checks, which were usually part of their initial consultations as new patients and as ongoing assessments. This health assessment included the testing of blood glucose, cholesterol and blood pressure. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
- Patients who smoked were encouraged to quit and were recommended to visit local chemist who could assist appropriately.

Consent to care and treatment

- Staff sought patients' consent to care and treatment in line with legislation and guidance. The clinical staff understood the relevant consent and decision-making requirements of legislation and guidance relating to adults and children and including the Mental Capacity Act 2005. The practice checked that only an adult with parental authority or legal guardian status registered children.

  The doctor showed an understanding of consent issues and best interest. They detailed relevant competencies and guidance that they would use (such as the Gillick Competency used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions).

Are services caring?

Our findings

We found that this service was providing caring services in accordance with the relevant regulations.

Kindness, respect and compassion

- Staff we spoke with told us patients were treated with dignity, respect and compassion at all times. We observed the treatment room to be spacious and a screen was provided. We observed that the treatment room was kept closed to ensure conversations taking place remained private.
- We noted that 83 CQC patient comment cards were completed - all of which were positive about the standard of care they received. Patients said the doctor offered an excellent service and that the receptionist was professional helpful and caring. The comment cards also described the environment as hygienic and safe.
- The receptionist knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- A chaperone was available on request and this was clearly signposted.

Involvement in decisions about care and treatment

- Patient comment cards evidenced patients felt involved in decision making about the care and treatment they received. They also told us 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 such as for pain management.
- The service ensured that patients were provided with all the relevant information they required, including costs, so as to make decisions about their treatment prior to treatment commencing.
- We were told that many patients spoke Yiddish and/or Hebrew. Staff told us that they could communicate in these languages and further advised us that if a patient presented with a specific language requirement they would use an interpreting service.

Privacy and Dignity

- The practice respected and promoted patients' privacy and dignity. Staff recognised the importance of patients' dignity and respect and the practice complied with the Data Protection Act 1998. All confidential information was stored securely.
- Screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Patients confirmed via the CQC comment cards that their privacy and dignity was always maintained to the highest standard.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this service was providing responsive services in accordance with the relevant regulations.

Responding to and meeting people's needs

- 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.
- Appointments could be booked over the telephone, or in person at the practice.
- The majority of patients were seen on the premises, however, home visits were also offered.

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 local out of hours providers which will see patients.

- There was restricted access into the basement location of the practice as it was accessed via a steep flight of stairs. The receptionist told us they would help patients as much as possible if they needed support accessing the premises. Home visits were also available.
- The practice had recently invested in a new ultrasound machine to meet patient demand and had appointed a sonographer to provide weekly clinics from March 2018.
- There were accessible rooms for baby changing and breast-feeding.

Timely access to the service

- Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.
- Patients had timely access to initial assessment, test results, diagnosis and treatment. Waiting times, delays and cancellations were minimal as the service was generally able to space appointments throughout the day. Patients with the most urgent needs had their care and treatment prioritised.

The surgery is open from Sunday to Friday 9am-1.30pm and also 6pm-10.00pm in order to meet patient demand and/or for emergency appointments.

Listening and learning from concerns and complaints

- There were no recorded complaints against the service.
- There was a lead member of staff for managing complaints.
- The service had a complaints policy in place which was in line with recognised guidance. Information about how to make a complaint was readily available for patients.
- The practice pro-actively looked for areas of concern through a suggestion box located in the waiting room.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

We found that this service was providing well-led services in accordance with the relevant regulations.

Leadership capacity and capability

- The practice was led by a sole practicing doctor assisted by a receptionist/administrator. Both team members spoke of a clear vision to deliver high quality care and promote positive outcomes for patients.
- The doctor had the capacity and skills to deliver high quality, sustainable care and demonstrated strong clinical leadership skills.

Vision and strategy

- The provider had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.
- Over the next 12 months, the doctor acknowledged that for the practice to expand and meet future patient demand whilst maintaining a high-level service, he would need to recruit an additional member of staff to take on managerial responsibilities.
- The doctor also spoke of his intention to hire a sonographer in the near future who would run weekly ultrasound clinics and therefore increase the range of services offered.

Culture

- There was a positive and professional working culture at the practice. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour with patients.
- There were continuous clinical and internal audits to monitor quality and to make improvements to ensure best possible patient outcomes and care.

Governance arrangements

The practice had good governance arrangements in place. For example:

- Suitable arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- A range of policies and procedures in place, which were easily accessible by staff.
- A clear staffing structure and both members of staff were aware of their own roles and responsibilities.
- A comprehensive understanding of the performance of the practice.

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 doctor had oversight of relevant safety alerts, incidents, audit results and complaints. There was clear evidence of action to change practice to improve quality.

Appropriate and accurate information

- During our inspection we saw evidence that appropriate and comprehensive assessments took place using clear pathways and protocols during our inspection.
- Systems were in place to ensure that all patient information was stored and kept confidential. There were policies in place to protect the storage and use of all patient information. IT systems were password protected and encrypted.

Engagement with patients, the public, staff and external partners

- The service sought patients' feedback by way of a suggestion box kept in reception and we were advised, for example, that a water cooler had been installed following patient feedback.

Continuous improvement and innovation

- There was a focus on continuous learning and improvement within the practice. We saw evidence that the practice was forward thinking and constantly seeking ways to improve services for its patients.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. For example, an internal audit had identified that prescription numbers for dispensed medicines were not being recorded on patient records, and as a result, the doctor had contacted its IT company to learn how this could be addressed.