

The Laurels Medical Practice

Quality 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 service		Good	
Are services safe?		Good	
Are services effective?		Requires improvement	
Are services well-led?		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 of the practice on 28 July 2015, when we found breaches of legal requirements and identified aspects of diabetes care and cancer screening that required improvement. We served two requirement notices relating to the breaches.

Following the inspection, the practice wrote to us to say what it would do to meet the legal requirements in relation to the breaches of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to safe care and treatment, and regulation 14 of the Care Quality Commission (Registration) Regulations 2009, regarding notice of absence.

We undertook this focussed inspection on 16 May 2016 to check that it had implemented its action plan and to confirm that it now met the legal requirements. This report covers our findings in relation to those requirements and to the improvements needed to

provide an effective service. We found that the practice had taken appropriate action to meet the requirements of the regulations. We also found that significant steps had been taken in relation to diabetes care. Data showed there had been some improvement in the effectiveness of the service, but results remained below average. We have revised the overall rating for the practice, which is now good. However, we have again rated the practice as requires improvement for providing an effective service, as we would like to see the progress sustained and for further improvement to be made.

The provider should -

- Continue working to sustain improvement in relation to the care of patients with diabetes.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for The Laurels Medical Practice on our website at www.cqc.org.uk.

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.

- The practice had taken appropriate action to address the issues found at our comprehensive inspection in July 2015.
- We saw evidence of regular infection control audits being undertaken.
- Lead staff members had been trained in infection control.
- Policies and protocols relating to infection control had been reviewed and updated.
- Patient Specific Directions (PSDs) to enable the healthcare assistant to administer vaccinations were in place.
- Monitoring of the vaccines fridge temperature was carried out and appropriately recorded.

Good



Are services effective?

The practice is rated as requires improvement for providing effective services.

- We saw evidence of some improvement since our last inspection in relation to diabetes care, cervical screening and bowel cancer screening. However, the practice's results remained below average and the improvements need to be sustained.

Requires improvement



Are services well-led?

The practice is rated as good for being well-led.

- The practice had taken appropriate action and introduced procedural changes to address the issues found at our comprehensive inspection in July 2015.
- The practice had given the CQC statutory notifications of absence and of changes to the partnership.
- Additional clinical and managerial staff had been appointed, and lead roles allocated, to relieve the individual burden on the lead partner GP.

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 now found to be providing good care for safe and well-led services this affected the ratings for all the population groups we inspect against.

Good



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions.

- We saw evidence of some improvement since our last inspection in relation to diabetes care. However, the practice's results remained below average and the improvements need to be sustained.

Requires improvement



Families, children and young people

The practice is rated as good for the care of families, children and young people.

As the practice was now found to be providing good care for safe and well-led services this affected the ratings for all 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 (including those recently retired and students).

As the practice was now found to be providing good care for safe and well-led services this affected the ratings for all the population groups we inspect against.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of older people.

As the practice was now found to be providing good care for safe and well-led services this affected the ratings for all 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 whose circumstances may make them vulnerable.

Good



Summary of findings

As the practice was now found to be providing good care for safe and well-led services this affected the ratings for all the population groups we inspect against.

Summary of findings

Areas for improvement

Action the service SHOULD take to improve

Continue working to sustain improvement in relation to the care of patients with diabetes.

The Laurels Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

Why we carried out this inspection

We had previously carried out a comprehensive inspection of the practice on 28 July 2015 and found that it was not meeting some of the legal requirements associated with the Health and Social Care Act 2008 and regulations made under that act. From April 2015, all health care providers were required to meet certain Fundamental Standards, which are set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 12 relates to the Fundamental Standard of safe care and treatment.

In addition, all health care providers registered with the Care Quality Commission must meet the requirements of the Care Quality Commission (Registration) Regulations 2009. Regulation 14 requires that where a registered manager is to be absent from managing a regulated activity for a continuous period of 28 days or more, the registered person must give the Commission written notice.

At the comprehensive inspection, we had found that the practice was failing to meet the requirements of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and of regulation 14 of the Care Quality Commission (Registration) Regulations 2009. We served two notices requiring the provider to take action, as follows –

1) The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They failed to identify the risks to patients associated with not having an adequate system in place for ensuring that vaccines were safely managed and stored and with not maintaining fridge temperatures within safe limits to ensure the efficacy of vaccines and immunisations given.

They also failed to identify the risks to patients associated with not having appropriately signed Patient Specific Directions (PSDs) on file for its health care assistant and failed to identify the risks to patients associated with not having an adequate system in place for ensuring that annual infection prevention and control audits took place.

This was in breach of regulation 12 (1) (2) (g) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

2) The provider failed to give notice in writing to the Commission of a proposed absence from carrying on or managing the regulated activity for a continuous period of 28 days or more.

This was in breach of regulation 14 Care Quality Commission (Registration) Regulations 2009.

We also identified aspects of diabetes care and cancer screening that required improvement.

Following our comprehensive inspection in July 2015 the practice sent us a plan of the actions it intended to take to meet the legal requirements. Our follow up inspection on 16 May 2016 was carried out to check that the actions had been implemented and improvements made.

We inspected the practice against three of the questions we ask about services: Is the service safe? Is the service effective? Is the service well-led?

Detailed findings

In addition, we inspected the practice against all six of the population groups: older people; people with long-term conditions; families, children and young people; working age people (including those recently retired and students); people whose circumstances make them vulnerable and people experiencing poor mental health (including people with dementia). This was because any changes in the rating for safe, effective and well-led would affect the rating given previously for all the population groups we inspect against.

How we carried out this inspection

We carried out an announced inspection on 16 May 2016. During the inspection we -

- Spoke with the lead partner GP, the practice nurse, the business manager and the practice manager.
- Reviewed healthcare records and records, policies and procedures relating to the clinical and general governance of the service.
- Reviewed published performance data, such as QOF results, and the practice's ongoing performance monitoring data.

Are services safe?

Our findings

Overview of safety systems and processes

At our comprehensive inspection in July 2015, we were told that the practice's health care assistant had recently been appointed infection prevention and control lead following the resignation of the practice nurse. The health care assistant had received training in their role. They were in the process of undertaking an audit to identify and act on infection control risks. Staff told us that an audit had previously taken place in 2014, but evidence could not be located.

At our follow up inspection in May 2016, we were shown evidence that an infection control audit had in fact been carried out in July 2015, shortly before the comprehensive inspection. But the record of it and of the audit of 2014 had not been produced to us. We saw that a further infection control audit had been carried out in February 2016 by an independent consultant. The audit had been conducted with a practice nurse (one of two who had been appointed since our previous inspection) and the healthcare assistant. Both the nurse and healthcare assistant had received guidance and training from the consultant as part of the process. We were shown evidence that actions identified during the audit had been addressed. These included a number of issues which were the responsibility of the premises landlord, and we saw correspondence between the practice and the landlord's facilities manager requesting necessary remedial action. We also saw that the practice's infection control policy had twice been reviewed since our last inspection, most recently in February with input from the consultant, and associated policies such as the clinical waste protocol had also been reviewed.

At our comprehensive inspection we identified concerns over medicines management at the practice. The practice

used Patient Specific Directions (PSDs) to enable the healthcare assistant to administer vaccinations. PSDs are written instructions from a qualified and registered prescriber for a medicine. They include the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis. The PSDs relating to flu immunisations administered by the healthcare assistant could not be located and we were told that it had been accidentally destroyed. At the follow up inspection, we saw that PSDs were in place and were being used appropriately.

At our comprehensive inspection, we found that the practice used an automated data logger to monitor and record the vaccine fridge temperatures. Vaccines should be stored between 2 and 8 degrees centigrade to ensure their effectiveness. A practice nurse had been responsible for monitoring the records. However, the nurse had left in June 2015 and since their departure nobody had been doing so. In preparation for our inspection, staff checked the records and noted that on two days the fridge temperatures had exceeded the recommended range, being between 16 and 21 degrees centigrade. The incidents were treated as significant events and the practice undertook a range of actions. These included temporarily suspending child immunisations whilst obtaining advice from Public Health England, arranging for a technical inspection and calibration of the fridge, and reverting to manual recording of temperatures. At our follow up inspection, we checked the fridge temperature monitoring records and found they were in order. The fridge had been inspected and calibrated since our previous inspection and there had been no further incidents of the temperature range being exceeded. We saw that vaccines and medicines were appropriately stored.

We found that the practice had taken appropriate action to meet the requirements of the regulations.

Are services effective?

(for example, treatment is effective)

Our findings

Management, monitoring and improving outcomes for people

At our comprehensive inspection, we saw that the practice participated in the Quality and Outcomes Framework (QOF) a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance in national screening programmes to monitor outcomes for patients. The annual data available when the inspection took place related to 2013/14. It showed that performance for diabetes related indicators was 51%, being significantly below the CCG average of 85.7% and the national average of 90.1%. We looked for evidence of how the practice was improving outcomes for diabetic patients. Records showed that QOF performance was a standing agenda item at monthly quality assurance meetings. At a staff meeting in March 2015, staff had discussed the reallocation of clinical roles and responsibilities in order to improve availability of diabetic care. The practice had identified a GP to be the clinical lead on diabetes care and we were told that they would shortly be commencing diabetic clinics on Saturdays in an effort to improve access and outcomes for patients.

At our follow up inspection we looked at QOF data for 2014/15 and the practice showed us the current data for 2015/16. The means of calculating the figures had changed over the three years. However, although the data for 2014/15 indicated a drop in performance relating to diabetes care (to 42%) the newer figures showed an overall slight improvement to 55%. We looked at some specific indicators to compare the 2014/15 figures with the ones for 2015/16, for example –

- The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015) was 70%, and had improved to 83%
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 65%, and had improved to 70%
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2014 to 31/03/2015) was 63%, and had improved to 66%.
- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) was 59%, and had improved to 64%.

We discussed diabetes care with the lead partner GP, who told us that improvements had been possible by more use being made of the electronic records system tools and templates, and better note taking, including the use of improved Read Codes. Read Codes are “a coded thesaurus of clinical terms and have been used in the NHS since 1985”. We saw that diabetes care was being closely monitored. We were shown an on-going audit that had been started in March 2016, which contained specific action to improve outcomes for patients. A new dedicated clinic had been introduced since our last inspection and the patient recall process had been improved. In addition to the appointment of a GP as clinical lead for diabetes, the recruitment of two nurses since our last inspection meant that diabetic care was likely to improve further. We would like to see the improvement sustained.

Health promotion and prevention

At our comprehensive inspection, we found that the practice’s uptake for the cervical screening programme was 64.3%, compared to the CCG average of 76% and the national average of 82%. At our follow up inspection we saw data which showed the practice figure had increased to 76%.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The figures we saw during our comprehensive inspection for bowel cancer screening had been lower than averages, for example –

Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage)

Practice 39.8%, compared with the CCG average of 48.2% and the national average of 58.3%

Persons, 60-69, screened for bowel cancer within 6 months of invitation (Uptake, %)

Are services effective? (for example, treatment is effective)

Practice 38.1%, compared with the CCG average of 44.6% and the national average of 55.4%.

At the follow up inspection, we were shown data that confirmed improvement to 74% and 78% respectively.

Are services well-led?

Good 

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

Our findings

Leadership, openness and transparency

At the comprehensive inspection, we found that clinical leadership arrangements did not support the delivery of high-quality person-centred care. Our registration records indicated that there were two partners working at the practice. However, on the day of our inspection we were told that there was only one full time GP working; supported by seven part time locums. Although the GP was clear about his role and accountability for quality, we could not be assured that they had the necessary capacity to lead effectively due to the individual burden being placed on them. For example, we were told that they led on a range of areas such as safeguarding and all aspects of clinical governance.

At our follow up inspection, we were told of arrangements that had been put in place by the lead GP to delegate lead roles; for example, personnel, infection control, training and complaints handling. The lead GP retained responsibility for clinical governance and safeguarding. A salaried GP had been appointed since our last inspection

and two nurses had been recruited. The practice also used a regular long-term locum GP. The practice had recently engaged a part-time business manager, who was in the process of joining the partnership. It was likely that the additional staff would be able to considerably ease the burden on the lead GP.

At the comprehensive inspection, we were also told that one of the partners was non-practising and had been absent for more than 28 days. We had not been formally notified or advised of the arrangements in place for managing the regulated activities during this absence. Providers have a statutory obligation to notify the Care Quality Commission in the event of such absences. Since then, the provider has given us notification of the absence the partner and their planned departure. The provider also sent us notifications of changes relating to its registered manager and the proposal for the business manager to join the partnership. The necessary application processes had been started.

We found that the practice had taken appropriate action to meet the requirements of the regulations.