Latham House Medical Practice

Quality Report

Sage Cross Street
Melton Mowbray
LE13 1NX
Tel:01664 503000
Website: www.lhmp.co.uk

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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.

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of this practice on 7 December 2016. Breaches of legal requirements were found in relation to governance arrangements within the practice. We issued the practice with a warning notice requiring them to achieve compliance with the regulations set out in those warning notices by 5 June 2017. We undertook this focused inspection on 27 July 2017 to check that they now met the legal requirements. This report only covers our findings in relation to those requirements.

At this inspection on 27 July 2017 we found that the requirements of the warning notices had been met. Our key findings across the areas we inspected for this focused inspection were as follows:

Summary of findings

- The practice had made considerable improvements since our last inspection. We saw there was now an effective system in place for reporting, recording and acting on significant events.
- Complaints were fully investigated, learning identified and actions implemented.
- Clinical audit was used as one mechanism to improve patient outcomes.
- The process for the exception reporting of patients had been reviewed and improved.
- There was an effective system for receiving, disseminating and acting on safety alerts.
- There were arrangements in place for assessing and monitoring risks and the quality of the service provision.
- Key policies had had been reviewed and gave GPs and staff guidance to carry out their roles in a safe and effective manner and reflected the requirements of the practice.
- There was a clear leadership structure and staff felt well supported.

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?

- There was an effective system in place for reporting, recording and acting on significant events and complaints.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- Risks to patients who used services, such as those posed by the risk of fire and Legionella were assessed and well managed.
- There was now an effective system for disseminating and acting on safety alerts.

Are services effective?

- Clinical audits had been completed to help drive improvements in performance and clinical outcomes for patients.
- The practice had reviewed its process for exception reporting patients (the removal of patients quality outcomes framework calculations) and patients could now only be exception reported after authorisation by a GP.

All staff had completed the training they required to provide them with the skills and knowledge to help them deliver effective care and treatment.

Are services responsive to people's needs?

The practice had an effective complaints system which ensured they were properly recorded, investigated and any learning shared with relevant staff.

Are services well-led?

- The new management structure was being embedded, staff were taking on new responsibilities and working effectively together.
- There was a clear and comprehensive leadership structure and staff felt well supported.
- The practice had updated a number of policies and procedures to govern activity which had all been reviewed.
- Regular meetings for all staff groups had taken place.
- The practice utilised clinical audit to help improve outcomes for patients

Latham House Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser and practice manager specialist advisor

Background to Latham House Medical Practice

Latham House Medical Practice is a GP practice which provides a range of primary medical services to around 35,500 patients from a surgery in located in Sage Cross Street, Melton Mowbray, close to the centre of the town. The practice has a branch surgery located in the village of Asfordby. Both were visited during the course of the inspection. The practice covers an area of approximately a seven mile radius of the town. Latham House Medical Practice is the largest single group practice in the country and is the only practice serving the market town of Melton Mowbray and the surrounding area.

The service is provided by 14 GP partners, four salaried GPs and four long term locum GPs. The nursing team consists of 24 nurses and seven healthcare assistant/phlebotomists. The practice also employs a pharmacist. They are supported by a team of receptionists, administration staff and management.

The practice's services are commissioned by East Leicestershire and Rutland Clinical Commissioning Group (CCG). The practice has a General Medical Services Contract (GMS). The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

The practice has a website which provides information about the healthcare services provided by the practice.

The provider had one location registered with the Care Quality Commission which is Sage Cross Street, Melton Mowbray LE13 1NX. We visited this location and the branch surgery at Asfordby.

Latham House Medical Practice was open from 8.30am to 6.30pm. A duty doctor was on site from 8am to 8.30am and 6pm to 6.30pm. Appointments were available at various times between: 8.30 am and 5.30 pm at the main site at Melton Mowbray and in the mornings at the Asfordby branch

surgery. Extended hours appointments were also available on Mondays from 7.40am to 7.50am and from 6.30pm to 6.40pm and on Thursdays from 6.30pm to 6.40pm.

The practice has opted out of the requirement to provide GP consultations when the surgery is closed. The GP out-of-hours service is provided by Derbyshire Health United Limited which is contactable through NHS111.

Why we carried out this inspection

On 7 December 2016 we had carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. part of our regulatory functions. This inspection

Detailed findings

was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. Breaches of legal requirements were found and a warning notice was issued in relation to

governance arrangements. As a result we undertook a focused inspection on 27 July 2017 to follow up on whether action had been taken to address the breaches.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice. We carried out this announced visit on 27 July 2017. During our visit we:

- Spoke with a range of staff including; GP partners, managers and reception staff.
- Reviewed documentation relating to the practice including policies and procedures.

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

Safe track record and learning

At our inspection in December 2016 we found that the practice did not have effective processes in place to improve patient safety such as an effective process to learn from significant events.

At our inspection in July 2017 we found that;

- A new and effective system for dealing with significant events had been introduced. A detailed log was kept of significant events, with each incident categorised and details kept of review dates, actions and where and when events had been discussed. There was a six monthly review meeting of significant events and we saw that they had been discussed at clinical meetings.

At our inspection in December 2016 we could not be assured that the system for dealing with safety alerts was effective.

At our inspection in July 2017 we found;

- There was now an effective system in place. The practice kept a record of all safety alerts, which included when they were received, responsibility within the practice for dealing with the alert and evidence of dissemination and actions. The alerts were stored on the shared drive of the practice, making them available to all staff.

Monitoring risks to patients

In December 2016 we found that not all risks to patients were assessed and well managed, specifically the risks to patients and others from fire and Legionella.

- At our inspection in December 2016 we found issues with fire safety such as lack of fire drills and fire safety training. At this inspection we saw that the practice had undertaken a comprehensive review of fire safety at both surgeries, the fire safety policy had been reviewed and fire drills had been carried out and documented. Fire safety training had been undertaken and there were 12 identified fire marshals who had received specific training and two more were due to be trained. Checks of fire equipment and the alarm system were also carried out regularly.
- At our inspection on 27 July 2017 we saw that a legionella risk assessment had been undertaken for both surgeries. Legionella is a term for a particular bacterium which can contaminate water systems in buildings. We saw that recommended actions had been implemented in order to mitigate the risk, which included the isolating of cold water storage tanks at both premises, monitoring of water temperatures and the daily flushing of taps prior to the surgeries opening.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 7 December 2016 we found there was limited evidence that clinical audit was being used to drive improvement in performance to deliver better outcomes for patients.

- At this inspection on 27 July were provided with evidence of completed two cycle audits that included audits concerned with cow's milk allergy in patients and another in the use of salbutamol.
- The audits had resulted in for example; a reduction of the numbers of patients prescribed salbutamol and at the same time a decrease in the number of inhalers prescribed per patient per annum.
- There was an audit program in place and other clinical audits were underway.

At our December 2016 inspection we found that some patients had been exception reported by staff other than clinicians.(Exception reporting is the removal of patients from quality outcomes framework calculations where, for example, the patients are unable to attend for a review meeting or certain medicines cannot be prescribed because of side effects.)

At this inspection on 27 July 2017 we found that the policy in respect of exception reporting had been reviewed and that patients could only be exception reported upon the authorisation of a GP.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 7 December 2016 we had found that the practice did not have an effective system for dealing with or learning from complaints.

At this inspection on 27 July 2017 we found;

- That the complaints policy had been reviewed in April 2017. A GP partner was the responsible person and the practice manager was the responsible manager.
- We looked in depth at a random sample of the complaints received and found that each had been dealt with in accordance with the policy and met the contractual arrangements for dealing with complaints.
- The practice had responded in a timely manner, offered and explanation and an apology where appropriate.
- Learning from complaints had been discussed and changes had been implemented, for example the practice had responded to criticism about the wording of a letter by changing the template for future use.

Are services well-led?

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

Our findings

Vision and strategy

- The practice told us they had a clear vision to deliver high quality care in an integrated manner and with a focus on continuity of care.
- Staff we spoke with shared these values and it was apparent from talking to staff that the practice put patients first. Since our inspection in December 2016, the GP partners and practice management team had implemented a number of plans to ensure that GPs and key members of staff held responsibility in specific areas of service delivery.
- The practice acknowledged the challenges in managing and running a practice of this size, with its own unique issues but stressed the desire to maintain continuity of care through personalised GP patient lists which they fervently believed delivered better outcomes for patients.

Governance arrangements

At our inspection in December 2016 we found that the practice did not have an effective overarching governance framework and systems or effective processes in place to support the delivery of their strategy. At this inspection in July 2017 we found :

- A number of practice specific policies had been reviewed and were up to date and contained the correct information to provide guidance to staff.
- The practice now had an effective system in place to identify, record and manage risk.
- There were comprehensive systems and processes in place for the effective reporting, recording, monitoring and learning from significant events and complaints.
- A range of meetings to include all staff groups ensured that they were kept informed and involved in the running of their practice.
- A clear organogram demonstrated the organisation's structure to ensure staff knew the lines of management and responsibility.

Leadership and culture

- At our inspection in December 2016 we found a lack of effective leadership and governance relating to the overall management of the service and at the time the practice was unable to demonstrate strong leadership in respect of safety. At this inspection we found that the leadership had strengthened considerably and areas of responsibility had been identified.
- There was a comprehensive schedule of meetings for all staff groups.
- The practice had used clinical audit as a means of driving improved patient outcomes.