

Lisson Grove Health Centre

Inspection report

Gateforth Street
London
NW8 8EG
Tel: 02033701940
www.lissongrovehealthcentre.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.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as Good (Previous rating – Good January 2016)

The key questions we inspected are rated as:

Are services safe? – Good

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection on 5 June 2019 at Lisson Grove Health Centre to follow up on breaches of regulations.

CQC had previously carried out an announced, unrated, focused inspection on 20 and 21 March 2019 and on 5 April 2019. That focused inspection was triggered by information of concern CQC received. To explore those concerns, our inspection focused on the following three key questions: Are services safe; effective; and well-led? At our last inspection, we also inspected all six population groups under 'effective'. The published unrated report is available on our CQC website.

At this inspection on 5 June 2019, we inspected all six population groups and rated the Families, Children and Young People population group as inadequate and Working age people population group as requires improvement and the other four population groups as good.

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We have rated this practice as Good overall.

We rated the practice as **requires improvement** for providing effective services because:

- Childhood immunisation uptake rates were below the World Health Organisation (WHO) targets. Uptake rates in 2017/2018 for the vaccines given were below the WHO target of 95% in three of the four areas where childhood immunisations are measured.

- The practice always monitored the process for seeking consent and reviewed it to ensure clinicians followed relevant national guidance.
- Despite being in one of the most deprived areas of London and having a high prevalence of diabetes we saw evidence of effective performance achievement in the care and management of patients with diabetes.
- We saw evidence of effective provision of services for people whose circumstances make them vulnerable. The Substance Misuse reduction counselling service worked closely with North West London drug and alcohol team to provide a specialist in-house service which was integrated with the practice team.

We rated all population groups as **good** in Effective, except Families, Children and Young People which we rated as **inadequate** because of the low childhood immunisation rates and failure to take adequate action to improve them and Working age people which we rated as **requires improvement** because of the low cervical screening uptake.

We rated the practice as **good** for providing safe services because:

- At our last inspection not all risks to patient safety were managed well. At this inspection we found arrangements for identifying, monitoring and managing risks to patient safety, had improved. The practice had systems to ensure safe prescribing. Staff used the clinical record system effectively to control and monitor medication reviews and re-authorisation dates for individual items on the repeat medication list.
- At our last inspection there was an ineffective system of medicines reviews for patients with long term conditions. We found medication reviews were not well coded or documented. At this inspection there was an effective system of structured medication reviews for patients with long term conditions. Medical records we looked at contained sufficiently consistent information to support the care of the patient and to enable the reviewing clinician to carry out a consultation.
- The practice had begun a programme of review and audit reviewing the quality of coding to improve consistency across the practice. At this inspection staff had reviewed and updated the Read-coding policy to ensure that clinicians and Read-coders had a standardised approach to coding in line with practice

Overall summary

policy. (Read codes are a national standard coding system used in general practice for recording clinical information). This was a concern identified at our last inspection.

- Systems for monitoring patients prescribed high risk medicines were safe.
- The premises were clean and well maintained, we saw evidence of actions taken to prevent and control the spread of infections.
- We found evidence of quality improvement measures including clinical audits and there was evidence of action taken to change practice. Follow up audits demonstrated that learning and quality improvement had been achieved.
- The practice had a process for managing safety alerts and we saw information was communicated and actions were followed up. The practice had improved the process for recording and updating the safety alert log.
- The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services. The practice acted effectively on tasks and requests raised on the patient record system.
- Staff involved and treated patients with compassion, kindness, dignity and respect.

We rated the practice as **good** for providing caring and responsive services because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

At this comprehensive inspection we rated the practice as **good** for providing well-led services because:

- The provider had systems to ensure oversight of safe prescribing.

- There was an effective system of structured medication reviews for patients with long term conditions. Medical records we looked at contained sufficiently consistent information to support the care of the patient and to enable the reviewing clinician to carry out a consultation.
- At our last inspection not all risks to patient safety were managed well. At this inspection we found arrangements for identifying, monitoring and managing risks to patient safety, had mostly improved. Practice leaders had developed policies and quality improvement activities to ensure safety and assure themselves they were operating as intended.
- While the provider had made improvements since our last inspection, the leadership were not managing all risks (for example, there was no protocol to keep patients informed when a medicine is used outside its licence). The practice had not followed GMC guidelines regarding giving patients sufficient information to make an informed decision.

The areas where the provider **should** make improvements are:

- Improve uptake of national cancer screening programmes.
- Continue to implement a programme to improve uptake of childhood immunisations.
- Improve the identification of carers to enable this group of patients to access the care and support they need.

Details of our findings and the evidence supporting our judgements are set out in the evidence tables.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

Older people	Good 
People with long-term conditions	Good 
Families, children and young people	Inadequate 
Working age people (including those recently retired and students)	Requires improvement 
People whose circumstances may make them vulnerable	Good 
People experiencing poor mental health (including people with dementia)	Good 

Our inspection team

Our inspection team was led by a CQC lead inspector and included a second CQC Inspector, and a GP specialist advisor.

Background to Lisson Grove Health Centre

Lisson Grove Health Centre provides GP primary care services to approximately 7,470 people living in Westminster. The practice is in a two-storey building on Gateforth Street and shares the building with a dental surgery, the local health visiting and district nursing services, speech and language therapy service, dieticians, the Community Diabetes service and the Community matron. The practice is part of the NHS Central London (Westminster) CCG which is made up of 27 general practices. The practice holds a Personal Medical Services (PMS) contract (an agreement between NHS England and general practices for delivering primary medical services) and is commissioned by NHSE London. The premises are purpose built and all services are provided from the ground floor of the building, providing ease of access for patients with mobility difficulties.

The practice is led by two male and two female GP partners. There are two salaried assistants, one male and one female who work a combination of full and part time hours, totalling 5.8 WTE. The male salaried assistant also does regular locum sessions on an ad hoc basis. There is a practice manager, a team of three female practice nurses, a healthcare assistant and a team of eleven reception and admin staff. A new pharmacist had recently been recruited but was not available for us to speak with on the day we visited.

The practice is open between 8.30am and 6.30pm Monday to Friday; with extended hours opening on Saturday between 8.30am and 12.30pm. Appointments are from 8.30am to 12.30pm every morning and 3pm to 7pm on Tuesday, Wednesday and Thursday; from 2.30pm to 7pm on Monday afternoon; and from 3pm to 18.30pm on Friday afternoon. Outside of these hours, patients are advised to contact the NHS 111 service.

Longer appointments are available for patients who need them and those with long-term conditions. This also included appointments with a named GP or nurse. Pre-bookable appointments can be booked up to two weeks in advance; urgent appointments are available for people that needed them. The provider offers a substance misuse and alcohol dependency service and can carry out home visits for patients whose health condition prevents them attending the surgery. The practice provides an online appointment booking system and an electronic repeat prescription service.

The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder and injury, surgical procedures, family planning and maternity and midwifery services.

Lisson Grove Health Centre is in one of the most deprived areas of London. Information published by Public Health

England (PHE) rates the level of deprivation within the practice population group as one on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest. Compared to other practices in England, more patients are unemployed. Mental health

prevalence among the practice population is 2%, more than double the national average of 1%. The practice has 46% of people with a long-standing health condition (compared to a national average of 52%).