

Lostock Hall Medical Centre

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



Summary of findings

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Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection on Lostock Hall Medical Centre on 26 June 2017. The overall rating for the practice was good, although the practice was rated as requires improvement for safety. The full comprehensive report on the June 2017 inspection can be found by selecting the 'all reports' link for Lostock Hall Medical Centre on our website at www.cqc.org.uk.

This inspection was a desk-based review carried out on 28 March 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach identified in the requirement notice.

The practice is now rated as good for safe services, and overall the practice is rated as good.

Our key findings were as follows:

- The practice had taken action to address the concerns raised at the CQC inspection in June 2017. They had put measures in place to ensure they were compliant with regulations.

- Appropriate arrangements were now in place for non clinical staff to process incoming mail to the practice.
- Summary information from patient paper records continued to be added to patient computerised records and the backlog reduced from 77% to 17%.
- The use of blank prescription forms and pads were now monitored.
- Control of substances hazardous to health (COSHH) data sheets were available.
- Recommendations made at the previous inspection, such as minimising disruption to power supply of vaccination fridges and making information available to patients who may wish to complain had been actioned.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Lostock Hall Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

This review was led by a CQC lead inspector

Background to Lostock Hall Medical Centre

Lostock Hall Medical Centre is situated in the Lostock Hall area of Preston and is situated in a two-story Edwardian building. The practice has a ramp to the front of the building and an adapted toilet. Treatment rooms are located on the ground floor and doorways are wide enough for people using a wheelchair to get around with ease. There is some on-site car parking for patients with on-road parking close by. There are plans to move the practice to another location by the end of summer 2018.

We did not visit the practice during this inspection but conducted a desk top review of evidence sent to us by the practice.

There is one female GP assisted by locum GPs and two female practice nurses. A practice manager and seven administrative and reception staff also support the practice. One of the reception staff is also the practice medicines co-ordinator. Two new advanced nurse practitioners have been recruited since the last inspection. The practice has access to community services such as community midwives, community nurses, health visitors and the mental health crisis team. A treatment room is

provided by the practice for these services to hold regular clinics. The practice opening hours are 8am to 6.30pm Monday to Friday. Appointments are available from 9am to 5pm Monday to Friday. Extended hours are offered two Saturdays a month from 8.30am to 11.30pm. When the practice is closed, patients are able to access out of hours services by telephoning 111.

The practice provides services to 3,814 patients. There are similar numbers of patients aged under 18 years of age (20%) when compared to the national average (21%) and similar numbers of patients aged over 65 years of age (16%) to the national average of 17%.

The practice is part of the Greater Preston Clinical Commissioning Group (CCG) and services are provided under a General Medical Services Contract (GMS).

Information published by Public Health England rates the level of deprivation within the practice population group as eight on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Both male and female life expectancy is the same as the

national average, 83 years for females and 79 years for males.

The practice has a similar proportion of patients experiencing a long-standing health condition, 54%, compared to the national average of 53%. The proportion of patients who are in paid work or full time education is 73% which is above the local average of 64% and national average of 63%, and the proportion of patients who are unemployed is 2% which is below the local and national average of 4%.

Are services safe?

Our findings

We rated the practice as good for providing safe services.

At our previous inspection on 26 June 2017, we rated the practice as requires improvement for providing safe services as the arrangements in respect of incoming mail to the practice, patient records being up to date, monitoring of blank prescription forms and pads and control of substances hazardous to health (COSHH) data sheets needed to be improved.

These arrangements had significantly improved when we undertook a desk top review on 28 March 2018. The practice is now rated as good for providing safe services.

- At the inspection in June 2017, risks to patients were assessed and managed. However there was no protocol to manage the incoming mail into the practice, mail was not scanned in a timely manner and 77% of summary records had not been added to patient computerised records.
- In March 2018, when we reviewed information submitted, we saw that the practice had taken action to

address these areas. Two members of staff attended a training course on processes for managing medical correspondence and a number of work flow processing documents had been developed. The practice had begun an audit process to ensure this protocol was working safely and assured us this quality assurance would continue. Documents sent to us by the practice showed summary records were scanned onto patients computerised records, the backlog had reduced from 77% to 17%.

- In June 2017 prescription forms and pads were not monitored and COSHH data sheets were not available. In March 2018 the practice sent us a 'hand written prescription protocol' and record sheet. We also saw examples of two COSHH data sheets.
- In June 2017, the plugs to practice vaccine fridges had the potential to be accidentally turned off and information about how to complain was not easily accessible. In March 2018 we saw that the vaccine fridge plugs were clearly labelled to reduce the risk they could be accidentally disconnected, and information about how to complain was easily accessible to patients.