

Lathom Road 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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Overall summary

Letter from the Chief Inspector of General Practice

The practice is rated good overall and good for providing safe services.

We carried out an announced comprehensive inspection of this practice on 29 April 2016.

The overall rating for the practice was good. However, a breach of legal requirements was found during that inspection within the safe domain. After the comprehensive inspection, the practice sent us evidence and actions detailing what they would do to meet the legal requirements. We conducted a focused inspection on 23 May 2017 to check that the provider had followed their plans and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements.

During our previous inspection on 29 April 2016 we found the following areas where the practice must improve:

- Implement robust arrangements for health and safety including fire safety and testing of electrical equipment.
- Ensure robust implementation of Patient Group Directions to allow nurses to administer medicines in line with legislation.

Our previous report also highlighted the following areas where the practice should improve:

- Ensure annual infection control audits are undertaken.
- Ensure all new staff receive a job description and induction.
- Ensure regular supervision for all clinical staff.
- Review arrangements for patient's privacy at the reception desk.
- Improve patient's telephone access.

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

During the inspection on 23 May 2017 we found:

- There were effective arrangements for health and safety including fire safety and testing of electrical equipment.
- Patient Group Directions were in place to allow nurses to administer medicines in line with legislation.
- Annual infection control audits and related improvement action plans were undertaken.
- Staff had received a job description and induction and clinical staff were regularly supervised.
- Arrangements for patient's privacy at the reception desk had improved and an action plan was implemented to improve patient's telephone access.

Summary of findings

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 now rated good for delivering safe services.

At our last inspection on 29 April 2016 we found risks to patients were not all assessed and well managed, for example fire safety and electrical equipment testing. Staff recruitment processes were generally in place; however, the practice manager did not receive a job description or formal induction. Medicines were generally well managed but Patient Group Directions had not always been appropriately implemented to allow nurses to administer medicines in line with legislation. Annual infection control audits had not been undertaken but improvement actions identified in 2014 had been carried out.

At this inspection, we found that the practice had implemented actions to ensure that all these issues had been fully addressed. There were effective arrangements for PGDs and fire and electrical safety. Recruitment processes remained appropriate, comprehensive inductions had been provided to new staff and job descriptions were in place. Three overview quarterly infection control audits had been undertaken and one in depth annual audit with actions to improve taken as a result.

Good



Lathom Road Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was led by a CQC Inspector.

Background to Lathom Road Medical Centre

The Lathom Road Medical Centre provides services to approximately 5,800 patients under a General Medical Services (GMS) contract. The nearest station is East Ham London Underground Station.

The practice provides a full range of enhanced services including a diabetic clinic, and child and travel immunisations. It is registered with the Care Quality Commission to carry on the regulated activities of maternity and midwifery services, family planning services, treatment of disease, disorder or injury, and diagnostic and screening procedures.

The staff team at the practice includes three GP partners (two male, one working seven sessions and the other four sessions per week, and one female working seven sessions per week), a full time female practice nurse working 36 hours per week, a female health care assistant working 16 hours per week, a full time practice manager working 37.5 hours per week, and a team of reception and administrative staff working a mixture of full and part time hours.

The practice has three floors and is located within a converted residential property. There are two upper floors with four clinical rooms on the ground floor and two on the first floor. There is a lift between the ground and first floors and the top third floor is a staff only administration and

storage area. There is a pharmacy adjoined to the rear of the building, the access door between the practice and pharmacy premises is currently kept locked; staff told us this was due to misuse of the practice toilet facilities by members of the general public accessing toilets via the pharmacy.

The practice is open between 9am to 12pm and 4.30pm to 6.30pm every weekday, except on Thursday when the practice closes at 12pm. Its telephone lines are open from 8:30am to 6:30pm every weekday except Thursday when they close at 1pm. GP Appointments are from 9:30am to 1:30pm and 4:30pm to 6:30pm weekdays except Thursday when they are from 9am to 12.30pm. Extended hours are available on site through the Newham GP Co-op service on Thursday from 6.30pm to 8.30pm and on Saturday from 9am to 1pm. Additional extended surgery hours are offered through a local hub network of practices every weekday from 9am until 9.30pm. Patients are directed to the local out of hour's service when the practice is closed. Appointments include pre-bookable appointments, home visits, telephone consultations and urgent appointments for patients who need them.

The Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The area has a lower percentage than the national average of people aged above 65 years (9% compared to 17% nationally).

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 on 23 May 2017 as part of our regulatory functions. This

Detailed findings

inspection 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.

- Spoke with the practice manager and a partner GP.
- Reviewed practice documentation.

Please note that when referring to information throughout this report relates to the most recent information available to the CQC at that time.

How we carried out this inspection

During our visit we:

Are services safe?

Our findings

At our last inspection on 29 April 2016 we found that most safety systems and processes for monitoring risks to patients were well managed. However, there were gaps or weaknesses in arrangements for fire safety, electrical equipment testing, staff recruitment processes, arrangements for infection prevention and control and Patient Group Directions (PGDs) to allow nurses to administer medicines in line with legislation.

All these arrangements had significantly improved when we undertook a follow up inspection on 23 May 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and processes

At our previous inspection we found annual infection control audits had not been undertaken as there was a gap between audits carried out in May 2014 and April 2016; however, we saw evidence that all actions identified in 2014 had been carried out to address improvements identified as a result and the most recent audit had not identify any areas of high risk. At this inspection the practice manager and practice nurse had delegated responsibility for infection control. Three quarterly audits and one comprehensive annual infection control audit had been undertaken since our previous inspection with improvements made a result, including a system to ensure the clinical waste bin remained locked and replacing a bin that was broken in a patient's toilet.

At our previous inspection Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. However, one PGD had not been signed by the authorising GP and a further three had expired. Staff ensured the unsigned PGD was authorised and signed on the day of the previous inspection, and advised they would undertake to implement updated PGDs immediately and use Patient Specific Directives (PSDs) as interim measure instead of PGDs whilst awaiting updated PGDs. (PSDs are written instructions from a qualified and registered prescriber for a

medicine including 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). During this inspection we checked a sample of PGDs and all were in date and appropriately authorised.

At our previous inspection we found recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, the practice manager had not received a job description or formal induction. At this inspection we found staff had job descriptions in place and the practice manager had been inducted and had a job description on file. We checked further staff files and found recruitment checks had continued to be undertaken as well as formal comprehensive inductions for new staff and regular supervision for clinical staff.

Monitoring risks to patients

At our previous inspection the practice did not have fire risk assessments or carry out fire drills and electrical equipment checks were overdue from August 2014. Management staff provided evidence that electrical equipment checks were booked for June 2016 but there were no nominated leads for fire safety and fire drills had not been carried out. At this inspection we saw evidence electrical equipment was checked as planned in June 2016 and found to be safe. The practice had arranged for premises wiring and sockets electrical safety to be checked and all were assessed as safe. The practice manager and partners were the nominated leads for fire safety. Fire marshalls were delegated and arranged regular fire drills that included learning points such as to ensure the whole building was clear. The practice had undertaken fire risk assessments and implemented improvement actions such as removing clutter from a staff area and testing fire evacuation arrangements at different times of the day. Risks to patients were monitored and well managed.