

Loughton Health Centre

Inspection 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 location

Are services safe?

Are services effective?

Are services caring?

Are services responsive?

Are services well-led?

Overall summary

We carried out an announced comprehensive inspection at Loughton Health Centre on 27 March 2018. The overall rating for the practice was inadequate and they were placed in special measures for a period of six months. The full comprehensive report of the March 2018 inspection can be found by selecting the 'all reports' link for Loughton Health Centre on our website at .

Following that inspection, the practice was served with two warning notices, one in respect of the safety and another in respect of the governance at the practice.

This inspection was an announced focused inspection carried out on 21st August 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection.

We found that the practice had met the requirements of the warning notices.

Our key findings were as follows:

- Patients who were subject to patient safety alerts were now being recalled and reviewed as necessary, as were patients who were prescribed medicines that required monitoring.
- Required improvements had been made to systems to safeguard children and vulnerable adults from abuse.
- Records were updated as being reviewed when a child failed to attend a hospital appointment.
- Infection control processes had been improved.
- Action was being taken to improve outcomes for patients. Audits evidenced improvement.
- Health checks were being planned for patients over 75 and for those with a learning disability. A newly appointed nurse was commencing employment the week after our inspection and part of their role was to undertake the health checks for patients aged over 75.

- Results from the 2018 national GP patient survey indicated patients continued to experience difficulties in accessing appointments. The practice had implemented an action plan with a view to making improvements.
- Medicines and medical gases were being stored safely.
- The practice had reviewed the medicines that it should stock in the event of an emergency.
- Emergency medicines and equipment were being regularly checked to ensure that these were safe to use.
- Effective recruitment checks were now in place for clinical and non-clinical staff.
- There was an up to date health and safety risk assessment and staff had now received health and safety training.
- There were systems to ensure medicines were being prescribed in accordance with guidelines.
- Staff who acted as chaperones had been DBS checked to ascertain their suitability for the role.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

- Continue to monitor and improve responses to the national GP patient survey.
- Progress health checks for patients aged over 75 and those with a learning disability.
- Maintain a record of staff's immunisation status.
- Continue to review and monitor prescribing practices in relation to Co-Amoxiclav, Cephalosporins or Quinalones with a view to evidencing improvement.
- Regularly check all oxygen canisters.

Professor Steve Field CBE FRCP FFPH FRCGP

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a practice nurse specialist adviser.

Background to Loughton Health Centre

The Loughton Health Centre provides GP services to patients living in Loughton and surrounding areas. Further information about the practice boundary can be obtained from the practice website www.loughtonhealthcentre.co.uk. The practice is one of 32 practices commissioned by the West Essex Clinical Commissioning Group.

There are approximately 11800 patients currently registered with the practice, which is located in an area which is not considered to be deprived, being on the third less deprived scale. 45% of patients have a long-standing health condition, compared with the CCG average of 51% and England average of 54%. Unemployment rates are 0.6%, which is considerably less than the CCG average of 2.9% and England average of 5%.

The practice is governed by a partnership which consists of one female and three male GPs. They are supported by a full-time practice manager, business manager, administration manager and reception manager. There are two further part-time GPs employed, three part-time nurses, two healthcare assistants and a number of reception, administration and secretarial staff working various hours.

This practice was previously inspected in March 2018. At this inspection, the practice was rated as inadequate, being inadequate for safe, effective, responsive and well-led. Caring was rated as good. All population groups were rated as inadequate and the practice was placed into special measures on 19 June 2018. Two warning notices were served, one in respect of the safety and the other in relation to governance.

Are services safe?

What we found at our inspection of 27 March 2018

There were not effective systems for keeping vulnerable adults and children safeguarded from abuse. Staff who acted as chaperones had not received a DBS check or risk assessment to ascertain their suitability for the role. The practice did not routinely carry out required staff checks on recruitment and there was not an effective system to manage infection prevention and control. There was no risk assessment to identify medicines should be held at the practice and the systems to check emergency equipment required review and improvement.

Staff did not always prescribe, administer or supply medicines to patients in line with current national guidance nor did they identify and recall patients who were prescribed medicines that required additional monitoring.

Staff had not received health and safety training. There was no health and safety risk assessment. Prescribing for some antibiotics was higher than the CCG and England average.

What we found at our inspection of 21 August 2018

Safety systems and processes

Necessary improvements had been made. The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff had now received up-to-date safeguarding and safety training appropriate to their role and policies were up to date and available for reference. Staff knew how to identify and report concerns. Staff who acted as chaperones now had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- Whilst we found that staff had received vaccinations as appropriate to their role, there was no central record of this.
- There was an effective system to manage infection prevention and control. An audit had been completed and remedial action taken.

- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.

Appropriate and safe use of medicines

The practice now had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. Nitrogen was now being stored safely and there was appropriate signage to alert people that nitrogen was being stored.
- The practice held three cannisters of oxygen, one of which was on the emergency trolley. This was regularly checked; however, there were two further cannisters of oxygen held elsewhere which were not being regularly checked. One of these cannisters was empty.
- Emergency equipment and medicines were now being regularly checked to ensure they were safe to use in an emergency. All recommended emergency medicines were now available.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and had taken action to support good antimicrobial stewardship in line with local and national guidance. The CCG pharmacist attended practice meetings to provide training and advice. However, data did not yet indicate improvement.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately, including those that required additional monitoring. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had reviewed its safety systems.

- Risk assessments in relation to safety issues had been completed. There was a comprehensive health and safety risk assessment and staff had received health and safety training.

Lessons learned and improvements made

- The practice had implemented effective systems to ensure that they acted on patient and medicine safety alerts and changes to NICE guidelines.

Are services safe?

Please refer to the evidence tables for further information.

Are services effective?

What we found at our inspection of 27 March 2018

The practice did not have effective systems to keep clinicians up to date with current evidence-based practice. There were ten patients aged over 35 who smoked and were being prescribed the oral contraceptive. These patients had not been reviewed to ensure that they were aware of the risks to allow them to make an informed decision as to their choice of contraceptive. This was contrary to NICE guidelines.

QOF data for 2016/17 was below average in respect of asthma checks and blood pressure checks for patients with diabetes and hypertension. The practice was also below average for some mental health indicators. Unverified data for 2017/18 did not indicate consistent improvement.

The practice did not offer a health check for patients aged over 75 and they had completed a health check for only one out of 23 patients with learning disabilities in the last year.

When a child failed to attend an appointment in secondary care, the practice failed to note that this had been followed up on the patient record.

What we found at our inspection of 21 August 2018

Monitoring care and treatment

Since our previous inspection, the practice had implemented a comprehensive programme of quality improvement activity and routinely reviewed effectiveness and appropriateness of the care provided.

- QOF outliers had been reviewed and improved. Searches were regularly undertaken to identify patients who had not yet had their checks, and all staff were

actively involved in continuous improvement. QOF achievement was routinely discussed at the weekly practice meeting. Unverified data available on inspection indicated improvement across all relevant indicators.

- The practice had implemented a system of search and audit to identify and recall patients who required additional monitoring or those who needed to be reviewed as a result of NICE guidance or safety alerts.
- The practice had recruited a nurse to undertake health checks for patients over 75 and they were commencing their role in the week that followed our inspection. The practice had identified and begun to recall patients with learning difficulties for their health checks. Relevant staff had been trained in learning disability awareness. However, at the date of our inspection there had yet to be any health checks completed for patients aged over 75 nor those with a learning disability.
- The practice had implemented a policy to ensure that children who failed to attend an appointment in secondary care were followed up.

Effective staffing

Staff now had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role. Practice managers were effectively utilising IT systems to record staff training and when this was due to expire. Staff had now been trained in safeguarding adults and children, infection control and health and safety.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

What we found at our inspection of 27 March 2018

Patients raised concern about accessing services, including appointments and getting through on the phone.

Timely access to care and treatment

Improvements were in the process of being made with a view to enabling patients to access care and treatment within an acceptable timescale for their needs.

- The new national GP Patient Survey was published on Thursday 9th August 2018. Whilst survey results indicated continued dissatisfaction with access, patients we spoke with on the day of our inspection told us that they could access appointments when they needed them, although some patients told us that there could be a delay in getting through the practice on the phone at 8am in the morning.

- The practice was aware of the recent survey results and had implemented an action plan to improve performance; this included submitting a proposal to offer extended hours, updating the telephone system, recruiting additional clinical staff and making more staff available to answer the telephones at peak times.
- Patients were being actively encouraged to register for online appointment access and 42% of patients were registered for this service.
- The practice was intending to complete their own in-house survey in September/October 2018 to measure the effectiveness of these changes.

Please refer to the evidence tables for further information.

Are services well-led?

What we found at our inspection of 27 March 2018

Leadership was inadequate as there was a lack of oversight and implementation of effective policies and procedures. Not all staff were appropriately trained and this had not been identified. There was not clear oversight of clinical performance and there were no cohesive plans to improve QOF outliers.

Leadership capacity and capability

Leaders evidenced that they the capacity and skills to improve delivery and provide high-quality, sustainable care.

- Leaders were now knowledgeable about the challenges they were facing and were addressing them. They had reflected on their previous performance and had identified what had gone wrong.
- An effective action plan had been implemented and risks mitigated. Information was routinely cascaded to staff and other stakeholders.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Staff were aware of the issues that had been previously identified by inspectors and could give examples of how they contributed to meaningful improvement.

Governance arrangements

The partners and management team now had clear responsibilities, roles and systems of accountability to support, drive and improve good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had reviewed and updated policies, procedures and activities to ensure safety and assure themselves that they were operating as intended.

Managing risks, issues and performance

Effective systems had been implemented to manage risks, issues and performance.

- Leaders gave priority to making considered improvements that were sustainable and meaningful. Systems were being embedded into the practice culture and routine.
- There was an effective process to identify, understand, monitor and address current and future risks, including risks to patient safety.
- There were processes to manage current and future performance. Practice leaders had oversight of safety alerts, medicines management, NICE guidelines and QOF achievement.
- Clinical and non-clinical audits completed since our previous inspection had a positive impact on quality of care and outcomes for patients.
- Partners and the management team were confident and competent at using clinical and administrative systems. There was clear evidence of action to change practice and improve quality.

Continuous improvement and innovation

Effective systems and processes had been implemented for learning, continuous improvement and innovation.

- There was a focus on continuous learning, improvement and sustainability. A proposal had been submitted to the CCG to restart extended hours clinics to respond to patient demand. The practice had expressed an interest to develop the E consultation.
- Staff knew about improvement methods and had the skills to use them.
- The practice worked closely with other practices in the locality. Staff had attended other practices to share best practice and evidenced how they had improved their systems as a result.
- Patients were actively being encouraged to book appointments online to improve access. 42% of patients now had online access.
- The practice had upgraded its IT and messenger systems. Patients could now be reminded of their health checks by text message and there was a facility for communication to be in 'free text' so that patients could respond with test results etc. Log-in screens had been upgraded so that patients could input information about their smoking and alcohol consumption. HR systems were now being effectively utilised.

Are services well-led?

Please refer to the evidence tables for further information.