

The Firs

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

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires Improvement



Are services well-led?

Inadequate



Overall summary

We carried out an announced inspection of The Firs on 5 May 2021, looking at the three key questions of 'Safe', 'Effective' and 'Well-led'

Following our previous inspection on 9 October 2019, the practice was rated as requires improvement overall (requires improvement for 'Safe', 'Effective' and 'Well-led', and good for 'Caring' and 'Responsive').

The full reports for previous inspections can be found by selecting the 'all reports' link for The Firs on our website at www.cqc.org.uk.

Throughout the COVID-19 pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently. This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements. This included:

- Conducting staff interviews using video conferencing;
- Completing clinical searches on the practice's patient records system and discussing findings with the provider;
- Reviewing patient records to identify issues and clarify actions taken by the provider;
- Requesting evidence from the provider; and
- A short site visit to the practice.

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.

At this inspection, we have rated the practice as **inadequate overall**.

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

- There were ineffective systems to safeguard vulnerable patients at risk of abuse.
- We identified a range of issues with recruitment processes and ongoing employment checks. For example, in relation to Disclosure and Barring Service checks, professional registration checks, and records of staff immunity.
- The practice had not carried out required actions relating to premises and equipment safety.
- We found gaps in staff training in safeguarding, fire safety, basic life support and infection control.

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

- The practice's childhood immunisation uptake rates were below the World Health Organisation (WHO) targets and they had not taken any steps beyond the normal recall system to improve uptake rates. This had been identified as an area for improvement at our previous inspection in 2019.
- The practice's uptake for cervical screening was below the Public Health England coverage target and they had not taken any steps to improve this other than booking patients at local hubs through the local GP federation. This had been identified as an area for improvement at our previous inspection in 2019.
- The practice could not demonstrate how they assured the competence of clinicians, including non-medical prescribers, as there were no systems for clinical oversight.

Overall summary

- However, our review of patient records on the practice's clinical system demonstrated that care and treatment was delivered in line with current standards and evidence-based guidance.

These areas affected all population groups, so we rated all population groups as **requires improvement** for providing effective services.

We rated the practice as **inadequate** for providing well-led services because:

- The delivery of high-quality care was not assured by the leadership or governance.
- Leaders could not demonstrate that they had the capacity and skills to deliver high quality sustainable care. Many of the issues identified at this inspection had been raised as an issue at the previous CQC inspection in October 2019, however leaders had not acted in the interim to resolve these concerns.
- The practice did not have clear systems to support good governance and management, for example in relation to systems for safeguarding patients, oversight of clinicians, recruitment and employment checks, monitoring staff training, and ensuring premises safety.
- The practice did not have effective processes for managing risks, issues and performance.

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

- Ensure that information about requesting a chaperone is visible to patients in the reception and waiting area.
- Clarify the responsibilities of the infection control lead.
- Ensure referrals are monitored consistently and patient interactions recorded.
- Take action to improve the uptake rate for childhood immunisations and cervical screening.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

(Please see the specific details on action required at the end of this report).

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration. Special measures will give people who use the service the reassurance that the care they get should improve.

Details of our findings and the evidence supporting our ratings are set out in the evidence table.

Dr Rosie Benneyworth *BM BS BMedSci MRCGP*

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector, who was assisted by a GP specialist advisor.

Background to The Firs

The Firs is situated in East London, within NHS Waltham Forest Clinical Commissioning Group (CCG). The practice provides primary medical services to around 7,817 patients in the Walthamstow area, under a General Medical Services contract (an agreement between NHS England and general practices for delivering primary care services).

The practice is registered with the CQC to carry on the following regulated activities: Diagnostic and screening procedures; Family planning; Maternity and midwifery services; Surgical procedures; and Treatment of disease, disorder or injury.

The clinical team at the practice consists of two male GP partners, five salaried GPs, a regular locum GP, a nurse practitioner, two practice nurses and a healthcare assistant. There is also a practice manager and a team of management and administrative staff.

The practice is open from 8am to 6.30pm Monday to Friday, with GP appointments available from 8am to 12pm and from 2.30pm to 6.30pm Monday to Friday.

Patients telephoning when the practice is closed are directed to the local out-of-hours service provider, which offers evening and weekend appointments for the practice's patients.

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. In England, people living in the least deprived areas of the country live around 20 years longer in good health than people in the most deprived areas. National General Practice Profile describes the practice ethnicity as being 48.2% white, 17.1% black, 24.4% Asian, 5.2% mixed race, and 5.1% other ethnicities.

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>There were no systems, or ineffective systems, in place to assess, monitor and mitigate the risks to patients and staff and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• Ineffective systems to safeguard vulnerable patients at risk of abuse;• Ineffective systems to ensure safe and appropriate recruitment of staff and for ongoing checks of staff during employment (recruitment procedure, DBS checks, professional registration checks, staff immunisation);• Ineffective systems to manage risks relating to premises and equipment (COSHH, health and safety, fire drills, actions from fire risk assessment);• Ineffective system to monitor training and lack of clarity around training requirements;• A lack of systems to ensure appropriate oversight and supervision of clinicians;• Leaders' understanding of, and capacity to address, issues and concerns, given the issues identified at the previous CQC inspection which had not been resolved. <p>These matters are in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>