

The Firs

Inspection report

26 Stephenson Road
Walthamstow
London
E17 7JT
Tel: 02082239842
www.thefirs.org.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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection at The Firs on 9 October 2019 as part of our inspection programme.

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 requires improvement overall and requires improvement for all population groups.

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

- Learning from significant events were not adequately shared with relevant staff members.
- There were flaws in the medicine management processes including prescribing and emergency processes.
- Insufficient attention was paid to mitigating risks.
- Staff training was not sufficiently monitored.
- Care plans were not comprehensively written.

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

- Learning from quality improvement was not adequately shared with relevant staff members.
- There was insufficient oversight of QOF high exception reporting rates.
- The practice did not achieve the childhood immunisation and cervical screening targets.

We rated the practice as requires improvement for providing well-led services because:

- There was a lack of oversight in training and governance.
- There was insufficient monitoring and management of risks.
- There was disjointed working between staff members.

- Systems and processes did not promote the sharing of learning from significant events and complaints.

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

- Completed CQC patient comment cards and patients we spoke with all indicated the practice had a caring nature and were attentive to the needs of patients.
- There was year on year improvement with patient satisfaction and the practice could demonstrate the actions they had taken to achieve this.

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

- Patients had access to appointments outside of normal working hours.
- There was a year on year improvement on patient satisfaction with access to services and the practice could demonstrate what they had done to achieve this.

The practice **must:**

- Ensure care and treatment is carried out in a safe way.

The practice **should:**

- Review the system for sharing learning.
- Review personnel systems including DBS requirements
- Continue to work to improve patient satisfaction with services.
- Review the system for documenting, managing and mitigating risks.
- Review the system for highlighting vulnerable patients.
- Continue to work to improve childhood immunisation and cervical cytology uptake.
- Review and update the palliative care register.
- Review the system for identifying carers to ensure that they are provided with the support that they need.

Details of our findings and the evidence supporting our ratings 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	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 included a lead CQC inspector who was supported by a GP specialist advisor and a practice nurse specialist advisor.

Background to The Firs

The Firs is situated within Waltham Forest Clinical Commissioning Group (CCG) in East London and is located in a purpose-built building over two floors, with good transport links and free parking. The practice is a teaching and training practice and provides services to approximately 8,000 patients under a General Medical Services (GMS) contract. 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, surgical procedures and diagnostic and screening procedures.

The practice is rated three out of 10 on the deprivation scale, where one is the most deprived and 10 is the least deprived. Fifty percent of the practice population has a long-standing health condition, which is slightly higher than the local average of 43% and 8% of the practice population are unemployed, which is higher than the local average of 6%.

The practice has two male GP partners, one female salaried GP and eight regular GP locums who complete a

combined total of 31 sessions per week and one nurse practitioner, two practice nurses and one nurse associate who complete a combined total of nine sessions per week. There is also a pharmacist, a practice manager and a team of reception and administration staff members.

The practice is open Monday to Friday from 8:30am to 6:30pm except Wednesday where the practice closes at 8pm. Phone lines are answered from 8:30am and appointment times are as follows:

- Monday 9am to 12:30pm and 1pm to 6pm
- Tuesday 9am to 12:30pm and 2:30pm to 6:30pm
- Wednesday 9am to 12:30pm and 2:30pm to 7:30pm
- Thursday 9am to 12:30pm and 2pm to 6pm
- Friday 9am to 12:30pm and 2pm to 6pm

The locally agreed out of hours provider covers calls made to the practice when it is closed and it is part of the local HUB which provides GP and nurse appointments on weekday evenings and weekends when the practice is closed.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>There was insufficient attention paid to ensuring adequate monitoring had taken place before prescribing high risk medicines.</p> <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The practice did not have effective systems to ensure that learning was shared with relevant staff members and insufficient attention was paid to mitigating risks in the practice.</p> <p>The provider did not have systems to ensure that risks such as fire safety and infection control were sufficiently mitigated.</p> <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	