

# East End 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 effective?

Requires improvement



# Summary of findings

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## Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at East End Medical Centre on 15 March 2017. The overall rating for the practice was good. However, the rating for the practice providing effective services was requires improvement as we found two areas where the practice must improve and nine areas the provider should improve, mostly related to effective services. The full comprehensive report on the 15 March 2017 inspection can be found by selecting the 'all reports' link for East End Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection we carried out on 15 February 2018, to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations and areas it should improve identified in our previous inspection. This report covers our findings in relation to those requirements and improvements made since our last inspection.

The practice remains rated requires improvement for providing effective services and as good overall.

Our key findings were as follows:

- The practice had undertaken clinical activity to improve patient QOF data outcomes. (QOF is a system intended to improve the quality of general practice and reward good practice).

- Nursing staff were working outside appropriate clinical boundaries on some occasions and leadership and management staff were not aware of this.
- Entries in the electronic patient record system were clearly recorded with the exception of some practice nursing examinations.
- Staff had received induction and appropriate training including safeguarding and information governance but the appraisal process was ineffective.
- Improvements had been made to systems for emergency drugs, business continuity planning, and staffs use of smart cards to maintain patient confidentiality.
- Availability of appointments had been improved to meet demand and the practice GP Patient survey satisfaction scores were comparable to local and national averages.
- Appropriate arrangements were in place for recently bereaved patients and patients identified as carers.
- Written information was available for patients referred under the two week wait cancer investigations system.
- Sinks had paper towels supplied.

There were areas of practice where the provider must make improvements:

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

# Summary of findings

- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# East End Medical Centre

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC inspector and included a GP specialist adviser and second inspector.

## Background to East End Medical Centre

The East End Medical Centre provides services to approximately 6258 patients in east London under a Personal Medical Services contract (an agreement between NHS England and general practices for delivering personal medical services). The practice is within the Newham Clinical Commissioning Group (CCG). The practice provides services including childhood immunisations, influenza and pneumococcal immunisations, and learning disabilities health checks.

The staff team consists of two female partner GPs, one male salaried GP, two long term locum GPs (one male and one female), a part time healthcare assistant, a full time female practice nurse, a part time practice manager and business manager, and administrative and secretarial staff. The practice provides a total of 25 GP sessions per week. The premises are a three storey adapted residential property accessible to patients with mobility difficulties with consulting rooms on the ground floor.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments with GPs are 9.30am to 12pm and 4pm to 6.30pm. Appointments with the nurse and the healthcare assistant can be made from 8.30am each morning. Patients can access extended hours appointments through a network hub of local practices on Mondays 6.30pm to 9pm and Saturdays 9am to 1pm, this

service being provided by the local GP co-operative. In addition to pre-bookable appointments that can be booked up to four weeks in advance, urgent appointments are also available for people that need them. The practice provides an online appointment booking system and an electronic repeat prescription service.

The practice is registered with the Care Quality Commission as a partnership, to carry out the regulated activities of maternity and midwifery services, treatment of disease, disorder or injury, family planning, and diagnostic and screening procedures.

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. 80% of people in the practice area were from Black or Minority Ethnic (BME) groups.

## Why we carried out this inspection

We undertook a previous comprehensive inspection of East End Medical Centre on 15 March 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall but requires improvement for providing effective services. The full comprehensive report following the inspection on 15 March 2017 can be found by selecting the 'all reports' link for East End Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook this follow up focused inspection of East End Medical Centre on 15 February 2018. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

# Detailed findings

## How we carried out this inspection

We carried out an announced focused on-site visit of East End Medical Centre on 15 February 2018. Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as NHS England, Newham Clinical Commissioning Group (CCG) and Newham Health watch to share what they knew.

During our inspection we:

- Spoke with the reception and administrative staff, the practice nurse, practice manager and a partner GP.

- Reviewed practice documentation.
- Observed how patients were being responded to in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.
- Visited the practice location.
- Looked at information the practice used to deliver care and treatment plans.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 15 March 2017 we rated the practice as requires improvement for providing effective services because its clinical performance was below average; particularly for childhood immunisations, patients with mental health considerations including dementia, Chronic Obstructive Pulmonary Disease (COPD), and asthma care. We also found patients had not received written information when being referred under the two week wait system and staffs were not always adequately trained in safeguarding, information governance or the Mental Capacity Act 2005.

All of these issues had improved when we undertook this follow up inspection on 15 February 2018; however, we identified practice nursing staff were carrying out consultations and treatment outside required levels of clinical training and competence including where leadership and management staff had no awareness this was the case. There were no formal systems or protocols to ensure patients received safe or effective care in these situations, for example to be seen by a GP in the first instance or referred to a GP where needed. The practice ceased all such consultations and treatment undertaken by practice nursing staff on the day of our inspection and they were taken over by GPs. However, the practice did not provide evidence of plans to review this care patients had already received, or of effective actions to identify and manage risks associated with the lack of leadership awareness and oversight of practice nursing clinical care. The practice remains rated as requires improvement for providing effective services.

### Management, monitoring and improving outcomes for people

At our previous inspection 15 March 2017 the practice achieved 71% of the total number of

Quality Outcome Framework (QOF) points available, which was below the CCG average of 91% and England average of 95%. (QOF is a system intended to improve the quality of general practice and reward good practice). The overall exception reporting rate was 5% compared with the CCG average of 5% and national average of 6%. (Exception

reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).

At this inspection 15 February 2018 QOF performance had significantly improved and the most recent published Quality Outcome Framework (QOF) results were 93% of the total number of points available, compared with the clinical commissioning group (CCG) average of 95% and national average of 96%. The overall exception reporting rate was 5% compared with the CCG average of 7% and national average of 10%.

People with long-term conditions:

- At our previous inspection on 15 March 2017 the percentage of patients with asthma who had had an asthma review was below average at 57% compared to the CCG and national average of 76%; and the percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale was also below average at 54% compared to the CCG average of 87% and national average of 90%. At this inspection 15 February 2018 performance had improved. For example, 75% of patients with asthma had had an asthma review compared to the CCG average of 80% and national average of 76%, and the percentage of patients with COPD who had an appropriate review undertaken was 92% compared to the CCG average of 94% and national average of 91%. Patient records we inspected indicated these reviews were undertaken appropriately, including by practice nursing staff.

Families, children and young people:

- At our previous inspection on 15 March 2017, the practice's performance for childhood immunisations was below the target percentage of 90% for children aged two years in one of three sub indicators, and above standard for the remaining two sub indicators. At this inspection 15 February 2018, the practice performance for standard vaccines was above 90% for all three indicators for two year olds. For example, the Haemophilus influenza type b and Meningitis C booster; and Measles, Mumps and Rubella vaccine rates were both 93%.

# Are services effective?

## (for example, treatment is effective)

Working age people (including those recently retired and students):

- At this inspection 15 February 2018 practice nursing staff were undertaking women's breast examinations and internal examinations for women with irregular menstrual bleeding which had not consistently been recorded and was outside their area of clinical competence and training. Leadership and management staff told us they were unaware nursing staff were undertaking these duties which demonstrated a lack of insight of day into day operations and ineffective oversight of patient clinical care. Staff told us breast examinations had generally been undertaken for women that had not attended for screening under the national program, and reception staff were booking patients to see the practice nurse when GPs were busy. However, the screening program does not begin until women are aged 50 years and GP appointments were available.

People whose circumstances make them vulnerable:

- At our previous inspection on 15 March 2017 the practice had 26 patients on its learning disability register; however, only 15 (58%) had had an annual health check and care plan review. At this inspection 15 February 2018, this had increased to 28 out of 30 patients with a learning disability (93%) had received an annual health check and care plan. However, we found evidence of a patient reviewed by nursing staff who had needed a consultants' referral since 2014 which was not identified or followed up. On the day of inspection the lead GP told us they would ensure the referral was made.

People experiencing poor mental health (including people with dementia):

- At our previous inspection on 15 March 2017 performance indicators for mental health care were below average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan was 20% compared to the CCG average of 84% and national average of 89%; the percentage of these patients whose alcohol consumption had been recorded was 51% compared to the CCG and national

average of 89%; and the percentage of patients diagnosed with dementia whose care plan had been reviewed in a face-to-face review was 4% compared to the CCG average of 81% and national average of 84%.

- At this inspection 15 February 2018, the practice demonstrated it had improved substantially. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan was 70% compared to the CCG average of 89% and national average of 90%; the percentage of these patients whose alcohol consumption had been recorded was 77% compared to the CCG average of 92% and national average of 91%; and the percentage of patients diagnosed with dementia whose care plan had been reviewed in a face-to-face review was 84% compared to the CCG average of 85% and national average of 84%. However, not all reviews undertaken by practice nursing staff had been appropriately dealt with. For example, a patient whose mental health assessment score indicated they were at moderate risk was not referred to a GP. The patient was later involved in a potentially dangerous situation where the police were called and further action was needed under mental health legislation.
- There were no systems to identify and update care records for patients that were previously diagnosed with depression that was now resolved.

### Effective staffing

Staff did not always have the skills, knowledge and experience to deliver effective care and treatment.

- The practice could not consistently demonstrate it ensured role-specific training and updating for practice nursing staff. For example, nursing staff reviewing patients with long-term conditions, administering immunisations, and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date. However, nursing staff undertaking female patient's breast examinations and examinations for irregular menstrual bleeding were not suitably trained. We also found practice nursing staff did not have the required level of understanding or training to undertake some elements of patient's assessments and reviews. This included patient specific considerations under the Mental Capacity Act 2005 such as learning disabilities or

# Are services effective?

(for example, treatment is effective)

mental health. For example, some patients had been asked the question of whether or not they would wish to be resuscitated that was inappropriate and unnecessary to ask these particular patients at that particular time.

- Clinical staff learning needs, duties they undertook, and related levels of competence were not always understood or addressed effectively. For example, the practice appraisal for nursing staff had a prompt to discuss and record clinical and other continuous

professional development needs as well as related protocols; however, recorded discussions were generic and did not identify or address specific areas of clinical work undertaken by nursing staff.

- Staff received training that included safeguarding and information governance. Staff had access to and made use of e-learning training modules and in-house training.



## Requirement notices

### 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 Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p><b>How the regulation was not being met:</b></p> <p>The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:</p> <ul style="list-style-type: none"><li>• Patient's examinations for irregular menstrual bleeding</li><li>• Patient's breast examinations</li><li>• Mental health assessment and care planning including for patients with dementia which includes appropriate level Mental Capacity Act 2005 training and related assessment of competence</li><li>• DNAR (do not attempt resuscitation) arrangements which includes appropriate level Mental Capacity Act 2005 training and related assessment of competence</li><li>• Learning disabilities assessment and care planning which includes appropriate level Mental Capacity Act 2005 training and assessment of competence</li></ul> <p>This was in breach of regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>

## 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 Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none"><li>• Oversight of practice nurses patient care</li></ul> <p>There were no systems or processes that enabled the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. For example:</p> <ul style="list-style-type: none"><li>• Breast examinations undertaken by the practice nurse</li><li>• To update care records for patients that had previously had depression</li></ul> <p>There were no systems or processes that enabled the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:</p> <ul style="list-style-type: none"><li>• To ensure appropriate staff competence and training for example through appraisal</li></ul> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>