

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?

Inadequate 

Are services caring?

Good 

Are services responsive to people's needs?

Requires Improvement 

Are services well-led?

Inadequate 

Overall summary

We carried out an announced comprehensive inspection of The Firs on 27 October 2021.

Following our previous inspection on 5 May 2021, the practice was rated as inadequate overall (inadequate for 'Safe' and 'Well-led', requires improvement for 'Effective', and 'Caring' and 'Responsive' were not inspected so the previous ratings of good were carried over).

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 reduced 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 by email; and
- A 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 was inconsistent follow-up from external safeguarding meetings.
- There were delays in actioning test results and workflow tasks and a lack of oversight of these processes.
- The system to monitor cervical screening results was not effective.
- We identified instances where medicines for patients with specific long-term conditions had been issued without the appropriate monitoring having taken place.
- The practice did not have an effective recall system in place to ensure that patients had regular structured medication reviews.

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

- Patients' needs were not always assessed, and care and treatment was not always delivered in line with current legislation, standards and evidence-based guidance.
- There was ineffective diagnosis, management and oversight of patients with long-term and other health conditions.
- There was no system in place to ensure that patients had regular long-term conditions reviews or medication reviews to check their health and medicines needs were being met.

Overall summary

- The practice's childhood immunisation uptake rates for April 2019 to March 2020 were below the WHO targets for children aged two and five and there was not an effective recall system in place for childhood immunisations.
- The practice's uptake for cervical screening was below the Public Health England coverage target for the national screening programme and there was not an effective recall system in place for cervical screening.
- Not all clinicians had the appropriate skills and training to carry out long-term condition reviews and checks.
- There was no system to appropriately code, monitor and review Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions.
- Audit results were not consistently shared with clinical staff.

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

- We identified a number of concerns relating to lack of oversight of processes and ineffective clinical systems.
- Leaders could not demonstrate that they had the capacity and skills to deliver high quality sustainable care.
- The practice did not have effective processes for managing risks, issues and performance. We identified several risks to patient safety which had not been recognised by leaders or management.
- There were gaps in the overall governance arrangements.
- The practice did not use data and information effectively to monitor and improve performance.

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

- Feedback from patients indicated that they were not always able to access care and treatment in a timely way.
- The practice's GP patient survey results for 2021 were significantly below the national average in relation to telephone access.
- Whilst the practice had made changes to its telephone system to improve access, it was too early to ascertain the impact of these changes and whether access had indeed improved for patients.

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

- Staff treated patients with kindness, respect and compassion.
- Feedback was generally positive about the way staff treated people.
- The practice respected patients' privacy and dignity.

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

- Ensure care and treatment is provided in a safe way to patients.
- 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).

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

- Review the system for identifying carers to ensure they are provided with the support they need.
- Review the structure of internal practice meeting minutes to ensure that any agreed actions are monitored and followed up effectively.
- Review the need for a system to monitor the work of the pharmacists.
- Review the system for ensuring that audit results are shared with all relevant staff and that this is documented.

Overall summary

On 5 November 2021, The Firs was issued with an urgent notice to impose conditions upon their registration as a service provider in respect of regulated activities, under Section 31 of the Health and Social Care Act 2008. This notice of decision of urgent conditions was given because we believed that patients would or may have been exposed to the risk of harm if we did not take this action.

At our previous rated inspection in May 2021, the service was placed in special measures. As a result of our findings at this inspection, the service will remain 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 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. 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

Our inspection team

Our inspection team consisted of a CQC lead inspector and 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 7,741 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 four, 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, 24.4% Asian, 17.1% Black, 5.2% mixed ethnicity, 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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• Inconsistent follow-up from safeguarding meetings.• Poor diagnosis and management of some patients.• Failure to recall patients for long-term conditions reviews, medication reviews, immunisations and cervical screening.• Delays in actioning test results and tasks.• DNACPR decisions not coded or reviewed.• Clinicians did not have appropriate skills and training to carry out long-term condition reviews and checks. <p>These matters are in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
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>

This section is primarily information for the provider

Enforcement actions

- Lack of clinical oversight of patients with long-term conditions.
- No systems in place to ensure effective patient recall.
- Lack of clinical oversight of the test results and workflow systems.
- No system to ensure DNACPRs were appropriately coded, monitored and reviewed.

These matters are in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014