

East Ham Memorial Hospital

Inspection report


East Ham Memorial Hospital
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[No website]






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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 caring?	Good 
Are services responsive?	Good 
Are services well-led?	Inadequate 

Overall summary

We carried out an announced comprehensive inspection of East Ham Memorial Hospital (also known as Dr Krishnamurthy's Practice) on 7 November 2019 as part of our inspection programme.

At this inspection we followed up on breaches of regulations identified at a previous inspection on 12 April 2019. At the last inspection in April 2019 we rated the practice as inadequate overall and the practice was placed into special measures.

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 inadequate overall.

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

- There were gaps in recruitment and induction checks, including in relation to Disclosure and Barring Service (DBS) checks, references, checks of professional registration, and immunity status.
- The health and safety risk assessment was not practice-specific and a fire risk assessment was overdue.
- There were gaps in staff training, including for fire safety, safeguarding, basic life support and infection control.
- There was inconsistent recording in nurse consultations of whether chaperones had been offered, accepted or declined.
- One of the clinicians was not able to demonstrate how to assemble or use a piece of emergency equipment.
- Staff did not have the appropriate authorisations to administer medicines.

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

- Staff reported that leaders were approachable, however there were weaknesses in leaders' capacity to deliver high quality sustainable care.
- There were weaknesses in the overall governance arrangements, for example in relation to oversight of recruitment checks and staff appraisals, monitoring of staff training, and authorisation of medicines.

- Some of the practice's policies had not been updated in line with specified timeframes or did not contain all the necessary information.
- The systems for managing risks were not effective, as some risks have not been identified or dealt with, including breaches of regulations identified at the previous CQC inspection which had not been addressed.

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

- We found examples in nurse consultations where consent had not been recorded.
- We identified gaps in staff training and the induction process, and therefore the practice was not able to demonstrate that all staff had the skills, knowledge and experience to carry out their roles effectively.
- The practice's clinical performance data was generally above or in line with national averages.
- The practice had also carried out clinical audits and non-clinical quality improvement projects.

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

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

- Staff treated patients with kindness, respect and compassion.
- Feedback from patients was positive about the way staff treated people.
- Staff helped patients to be involved in decisions about care and treatment.
- The practice respected patients' privacy and dignity.

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

- The practice organised and delivered services to meet patients' needs.
- Patients had timely access to the service.
- Complaints were listened to and responded to and used to improve the quality of care.

These areas affected all population groups, so we rated all population groups as **good** for providing responsive services.

Overall summary

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.
- 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.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

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

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

- Improve the arrangements for monitoring the work of the nurses through documented reviews of their consultations.
- Improve the system for recording safety alerts to make it easier to monitor and evidence the action taken by the practice.
- Review where adrenaline is stored when vaccines are being administered to ensure it is easily accessible and clarify the dosage instructions for different age groups.
- Ensure that Control of Substances Hazardous to Health (COSHH) risk assessments are completed accurately.

- Improve how carers are identified to ensure information, advice and support is made available to them.

Due to the overall rating of inadequate, this practice 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 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 MRCP*

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. The team included a GP specialist advisor, a practice nurse specialist advisor, and a practice manager specialist advisor.

Background to East Ham Memorial Hospital

East Ham Memorial Hospital, also known as Dr Krishnamurthy's Practice, is situated within NHS Newham Clinical Commissioning Group (CCG). The practice provides services to approximately 2,174 patients under a General Medical Services (GMS) contract (an agreement between NHS England and general practices for delivering primary care services).

The practice operates from the East Ham Memorial Hospital building, which it shares with another GP practice. The location is served by local buses and underground and overground stations. The premises are owned and maintained by NHS Property Services and there is step-free access and parking spaces for patients with a disability.

The practice does not have a website.

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

The clinical team at the practice consists of two male GP partners collectively providing 10 clinical sessions per

week, and two female practice nurses. The clinicians are supported by a practice manager, a deputy practice manager and three administrative/reception staff members.

The practice is open on Monday and Tuesday from 9am to 7pm, on Wednesday and Friday from 9am to 6.30pm, and on Thursday from 9am to 12pm. Appointments are available on Monday and Tuesday from 9am to 1pm and from 2pm to 7pm, on Wednesday and Friday from 9am to 6.30pm, and on Thursday from 9am to 12pm.

Appointments include home visits and telephone consultations. Patients telephoning when the practice is closed are directed to the local out-of-hours service provider. Patients can also access appointments Monday to Sunday from 8am to 8pm through the local Newham GP Co-operative.

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 13.7% white, 69.1% Asian, 11.5% black, 2.8% mixed race, and 2.8% other ethnicities.

This section is primarily information for the provider

Enforcement actions

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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>There was no proper and safe management of medicines. In particular:</p> <ul style="list-style-type: none">• Patient Group Directions. <p>Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular:</p> <ul style="list-style-type: none">• Staff not able to use emergency equipment.• Recording of consent and chaperones inconsistent.• Health and safety risk assessment not practice-specific.• Fire risk assessment overdue. <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 Maternity and midwifery services 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">• Practice policies overdue for review or missing information.• Ineffective governance arrangements.• Lack of awareness and oversight of potential risks.• Failure to address concerns identified at the previous CQC inspection.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

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:

- Monitoring and oversight of staff training.
- Staff appraisals.
- Induction checks and processes.

These matters are in breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered person's recruitment procedures did not ensure that potential employees had the necessary qualifications, competence, skills and experience before starting work or that only persons of good character were employed. In particular:

- Gaps in recruitment checks, including DBS checks, references, checks of professional registration.
- Staff immunity status.

These matters are in breach of regulation 19(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014