

# Lathom Road Medical Centre

## Inspection report

2a Lathom Road  
East Ham  
London  
E6 2DU  
Tel: 02085485640

Date of inspection visit: 24 and 26 May 2022  
Date of publication: 04/07/2022

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 to people's needs?

Good



Are services well-led?

Inadequate



# Overall summary

We carried out an announced inspection at Lathom Road Medical Centre on 24 and 26 May 2022. Overall, the practice is rated as **Inadequate**.

We previously carried out announced inspections at Lathom Road Medical Centre in 2016 and 2017. In 2016, the practice was rated good overall, requires improvement in the key question for safe and good for the key questions for effective, well-led, responsive and caring and patient population groups.

The full reports for previous inspections can be found by selecting the 'all reports' link for Lathom Road Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

This inspection was a full comprehensive inspection following information we received regarding medicines management and to review ratings for the key questions:

- Safe
- Effective
- Responsive
- Well-led

## How we carried out the inspection

Throughout the 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/reviews 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.
- A site visit.

## Our findings

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.
- Information from the provider, patients, the public and other organisations.

**We have rated this practice as Inadequate overall.**

# Overall summary

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

- The provider did not have clear systems and processes to keep patients safe.
- The provider did not have reliable systems and processes to keep patients safeguarded from abuse.
- The provider did not have a safe system in place to manage safeguarding training for staff.
- The provider did not have a safe system in place to monitor and manage recruitment, including disclosure and barring checks (DBS).
- The provider did not have appropriate systems in place to safely manage high-risk medicines and medicines that require additional monitoring.
- The provider did not operate a safe system regarding the cold chain for vaccines and medicines that require refrigeration.
- The provider did not have a safe effective system in place to manage patient safety alerts.
- The provider did not operate a safe system regarding infection prevention and control, this included staff immunisations and certified immunity.
- The provider did not have a safe effective system in place to safely manage emergency medicines.
- The practice did not have reliable systems in place to manage the practice premises safely.
- There was no failsafe process in place to follow-up female patients who have undertaken cervical screening.
- Not all significant events had been recorded.

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

- Clinical care was not delivered consistently in line with national guidance.
- There was limited monitoring of the outcomes of care and treatment.
- The practice was unable to show that staff had the skills, knowledge and experience to carry out their roles.
- Some performance data was significantly below local and national averages.

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

- There was evidence that staff treated patients with kindness, care and compassion.
- There was evidence the provider had taken action to improve patient experience at the practice in response to feedback from the patient participation group.
- There was evidence to show how the practice carried out patient surveys and patient feedback exercises.

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

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients reported that the appointment system was easy to use.
- Referrals and transfers to other services were undertaken in a timely way. For example, staff proactively followed up with secondary care, for patients whose appointments have been delayed by the pandemic.
- Patient satisfaction response scores in the national GP Patient Survey had improved.

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

- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care.
- The practice culture did not effectively support high quality sustainable care.
- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks, issues and performance.

# Overall summary

- The practice did not always act on appropriate and accurate information.
- We saw limited evidence of systems and processes for learning, continuous improvement and innovation.

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

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The provider **should**:

- Develop a system for regular review of practice policies.

(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

## Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP Specialist Advisor and a member of the CQC medicines team who completed clinical searches and records reviews and a Practice Nurse Specialist Advisor.

## Background to Lathom Road Medical Centre

Lathom Road Medical Centre is located in London at: 2a Lathom Road, East Ham, London, E6 2DU. The practice has good transport links and is within easy reach of bus and train services providing direct access into Central London.

There is a clinical team of three GP partners; one long-term sessional locum/salaried GP; a locum practice nurse and one healthcare assistant (HCA). Clinical staff are supported at the practice by a practice manager and a team of reception and administration staff.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury and family planning.

The practice reception is open Monday-Friday between 8am-6:30pm, on Saturdays between 8.00am-12.30pm and appointments are available between these times. Patients may book appointments online, by telephone or in person.

The practice is situated within the North East London Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 7999 (as of 01 April 2022). This is part of a contract held with NHS England. They are part of a wider network of GP practices in NE2 Primary Care Network.

Information published by Public Health England shows that deprivation within the practice population group is in the fourth lowest decile (four of 10). The lower the decile, the more deprived the practice population is relative to others. Lathom Road Medical Centre is within the fourth decile.

According to the latest available data, the ethnic make-up of the practice area is 62.3 % Asian, 19.3% White, 11.5% Black, 3.2% Mixed, and 3.7% Other.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations. If a GP or clinician needs to see a patient on a face-to-face basis, an appropriate appointment is offered.

Extended access and out of hours services are provided locally by Newham GP Cooperative, where late evening and weekend appointments are available.

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none"><li>• The provider failed to consistently monitor and manage high-risk medicines and medicines that require additional monitoring.</li><li>• The provider failed to have a safe and effective system in place to monitor and manage safeguarding training, in line with national guidance.</li><li>• The provider failed to consistently follow national guidance regarding care and treatment for patients.</li><li>• The provider failed to have a safe and effective system to monitor and manage emergency medicines, in line with national guidance.</li><li>• The provider failed to have a safe and effective system to monitor and manage staff recruitment, including Disclosure and Barring Service (DBS) checks.</li><li>• The provider failed to have a safe system in place to effectively manage infection prevention and control, including staff immunisations and certified immunity.</li><li>• The provider failed to have a safe system in place to effectively manage the cold chain for vaccines and medicines that require refrigeration.</li><li>• The provider failed to operate safe premises, including for fire safety, Legionella and the control of substances hazardous to health (COSHH), in line with national guidance.</li><li>• The provider failed to have a safe and effective system to monitor and manage patient safety alerts, in line with national guidance.</li></ul>
Family planning services	
Maternity and midwifery services	
Treatment of disease, disorder or injury	

This section is primarily information for the provider

## Enforcement actions

- The provider failed to provide a safe effective system to monitor and manage significant events within the practice.

**This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

### Regulated activity

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

- The provider failed to provide a safe effective system of clinical leadership and oversight to monitor and manage all patients in the practice.
- The provider failed to have a safety net system in place to monitor and manage cervical screening.
- The provider failed to have a safe effective system in place regarding clinical supervision for clinical staff.
- The provider failed to have a safe effective system in place to monitor and manage core specific training and competency checking for clinical staff.
- The provider failed to have a system in place regarding clinical protocols for clinical staff.
- The provider failed to have a safe and effective system to monitor and manage patient complaints, in line with national guidance.
- The provider failed to have a safe effective system in place to monitor and manage to manage clinical and practice meetings.
- The provider failed to provide a safe and effective system to manage and mitigate risks to patients within the practice.

**This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**