

Boleyn Road Practice

Inspection report

162 Boleyn Road
Forest Gate
London
E7 9QJ
Tel: 020 8503 5656

Date of inspection visit: 1 April 2019
Date of publication: 11/06/2019

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?

Requires improvement



Are services responsive?

Inadequate



Are services well-led?

Requires improvement



Overall summary

We carried out an announced inspection at Boleyn Road Practice on 1 April 2019.

At this inspection we followed up on breaches of regulations identified at a previous inspection on 13 July 2018, where the practice was issued with a warning notice for Regulation 12 of the Health and Social Care Act due to issues with medicines management and infection prevention and control. The inspection also found issues with nurses not using patient group directives, data management, access to practice services, patient satisfaction with services provided and poor building maintenance,

We based our judgement at the inspection on 1 April 2019 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 rated this practice requires improvement overall.

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

- Appointments were not offered at the practice outside of normal working hours for patients who were unable to make it during these times. However, patients were able to access appointments at the local HUB extended hours service.
- Although the practice's own patient survey of 39 patients, results were higher than the national GP patient survey, the practice could not demonstrate what action had been taken to improve patient satisfaction on access to services.
- Not all complaints were discussed with relevant members of staff where learning could be shared.

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

- Systems and processes kept patients safe and safeguarded from abuse.
- Risk assessments had been carried out and all actions identified had been completed.
- The practice learned lessons and made changes as a result of significant events.

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

- Childhood immunisation rates were above the 90% target.
- The practice worked closely with other organisations to provide when necessary a multi-disciplinary package of care.
- There was no formal programme for quality improvement.

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

- Although the practice's own survey patient satisfaction survey results were higher than the national GP patient survey, the practice could not demonstrate what action had been taken to improve patient satisfaction.

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

- While the practice had a vision, this was not supported by a credible strategy.
- The overall governance structure did not include staff accountabilities.
- There was no programme of clinical quality improvement activities.

The area where the provider **must** make improvement is:

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

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

- Review the system for improving patient satisfaction with service provided and take action.
- Review access to the practice.
- Review the system to improve cytology screening uptake.
- Review the documented approach for patient triage for reception staff to follow to ensure it is embedded in practice.
- Consider formalising clinical audit documentation and implementing a programme of clinical audit.
- Review the system for identifying carers with the aim of increasing the registered number and ensuring they are all provided with the appropriate services.
- Review system for sharing learning from complaints.

Overall summary

- Continue to work to improve governance systems.

Whilst the practice had made improvements following their inspection in July 2018, further improvements are required. The practice therefore remains 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.

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 tables.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

Older people	Inadequate 
People with long-term conditions	Inadequate 
Families, children and young people	Inadequate 
Working age people (including those recently retired and students)	Inadequate 
People whose circumstances may make them vulnerable	Inadequate 
People experiencing poor mental health (including people with dementia)	Inadequate 

Our inspection team

The inspection team was led by a CQC inspector, who was supported by a GP and nurse specialist advisor.

Background to Boleyn Road Practice

Boleyn Road Practice is situated within NES Newham Clinical Commissioning Group (CCG) at 162 Boleyn Road, Forest Gate, London E7 9QJ, which we visited as part of our inspection. The practice provides services to approximately 6,200 patients under a General Medical Services (GMC) 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 and diagnostic and screening procedures.

There was a female principal GP, who was supported by a mix of regular locum male and female GPs, who completed a combined total of between 15 and 20 sessions per week. There are three practice nurses completing nine sessions per week, a pharmacist and a healthcare assistant. The practice also has a practice manager and seven reception/administrative staff members.

The practice is open Monday to Friday between 9am and 6:30pm, except for on a Thursday when the practice

closes at 1pm. The practice also closes each day between 1pm and 3pm. Appointment times varied, there are no appointments available before 9am or after 5:30pm, for people who could not attend the practice during normal working hours. The practice is part of the local extended hours service, which answers the practice phone lines when the practice is closed, including each day between 9am and 12pm and 3pm to 6pm. This service also provides appointments to the practice's patients on weekday evenings and weekends.

The information provided by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to 10. Level one represents the highest levels of deprivation and level ten the lowest. The practice has a relatively low population of older patients compared to averages. Data showed 4% of its patients were over 65 years of age compared to 7% within the CCG and 17% nationally.

This section is primarily information for the provider

Requirement notice

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance
How the regulation was not being met: Although the practice had carried out its own patient satisfaction survey, which yielded more positive results than the national GP patient survey, the practice had taken little action to improve patients satisfaction. There was insufficient learning shared as a result of complaints. There was no formal programme of quality improvement. The practice had not improved access to their services.	