

# Orient Practice

## 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.

# Overall summary

We previously carried out an unannounced comprehensive inspection of Orient Practice on 2 July 2018 and found that the service was in breach of Regulation 12: 'Safe care and treatment' and Regulation 17: 'Good governance' of the Health and Social Care Act 2008. In line with the Care Quality Commission's (CQC) enforcement processes we issued two warning notices which required Orient Practice to comply with the Regulations by 24 October 2018. The full report of the 19 June 2018 inspection can be found by selecting the 'all reports' link for Orient Practice on our website at .

We carried out this focused inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was now meeting the Regulations of the Health and Social Care Act 2008.

The previous inspection on 2 July 2018 identified areas where the provider had not complied with Regulation 12: 'Safe care and treatment'. We found:

- The registered provider did not do all that was practicable to ensure that systems in place kept patients safe.
- Infection and prevention control processes were not effective. There was no evidence of discussion and learning from significant events.
- Not all emergency medicines recommended were held on site, and of those on site, not all were in date and fit for purpose.
- The practice did not have evidence of calibration of medical equipment used or evidence of a recent fire risk assessment.
- External concerns regarding staff members had not been acted upon and safeguarding systems were not consistent throughout the practice.
- Medical indemnity insurance for the practice was not available when requested.

The inspection on 2 July 2018 also identified areas where the provider had not complied with Regulation 17: 'Good governance'. We found:

- The registered provider did not do all that was practicable to ensure that systems in place provided good governance.
- There was no evidence of clinical leadership and adequate management capacity on site.
- There was no monitoring of Patient Group Directions (PGD's) used by nursing staff.
- Policies and procedures were not practice specific.
- Safety alerts were not effectively investigated and recorded.

This inspection on 21 December 2018 took place to follow up on the Regulation 12 and 17 Warning Notices that were issued and to check that they had been complied with. We found that although the provider had taken some action in relation to the provision of safe and well-led care, there were still some areas of non-compliance.

## **Our key findings were:**

- A new safeguarding lead had been appointed.
- The fire safety policy had been updated and relevant risk assessments, training and drills completed.
- Staff were now aware of their roles and responsibilities
- New infection control procedures had been introduced with findings discussed and action points implemented.
- Updated PGDs were in use and all had been correctly completed and signed.
- A review had been undertaken and all policies and procedures were now practice specific.
- Safety alerts were now recorded, discussed and acted upon and an efficient recording and monitoring system was in place.

## **We identified regulations that were not being met and the provider must:**

- Ensure that there is leadership and adequate management capacity on site to support staff and deliver treatment in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

## Our inspection team

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

## Background to Orient Practice

The Orient Practice is managed by Living Care Medical Services and is located in a purpose built building with one other practice and other community services within a residential area of Waltham Forest. The practice is a part of Waltham Forest Clinical Commissioning Group (CCG).

There are approximately 8,200 patients registered with the practice, 3% of which are aged over 60. Eighty percent of the practice population is in paid work or full-time education, which is higher than the CCG average of 69% and the national average of 62%. The practice has a large number of patients of eastern European decent and 38% of patients do not have English as a first language and require an interpreter.

The practice is managed by a local management team which oversees the running of a number of practices within London. The local management team includes leads for governance, nursing and practice management.

The practice has one clinical GP lead, three male and three female (salaried and long-term locum) GPs. In addition, there are two nurse practitioners, one nurse in training and a healthcare assistant. We were unable to identify the precise number of sessions undertaken by clinical staff at the practice, as management leads on the day of inspection were unable to provide us with this information. There is a deputy practice manager and eight reception/administration staff members.

The practice operates under an Alternative Provider Medical Services (APMS) contract (a locally negotiated contract open to both NHS practices and voluntary sector or private providers e.g. many walk-in centres).

The practice is open Monday to Friday between 8am and 8pm and Saturday between 8am to 1pm.

Phone lines are open from 8am, appointments run concurrently throughout each day. The locally agreed out of hours provider covers calls made to the practice whilst it is closed.

The Orient Practice operates regulated activities from one location and is registered with the Care Quality Commission to provide maternity and midwifery services, treatment of disease, disorder or injury, diagnostic and screening procedures and surgical procedures.

The location did not have a Registered Manager, but we were told that the Operations Director for Living Care Medical Services was in the process of registering with the CQC as the Registered Manager for this location. A registered manager is a person who is registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We carried out this inspection to review in detail the actions taken by the provider in relation to the warning notices issued by the CQC following the previous inspection on 2 July 2017 and to check whether the provider was now compliant with the Regulations.

Our inspection team was led by a CQC lead inspector, who was supported by a GP specialist advisor.

During this inspection on 21 December 2018 we:

- spoke with a salaried GP, a locum GP, the Practice Nurse, Healthcare Assistant (HCA), Deputy Practice Manager and several administrative staff as well as Senior Managers from Living Care Medical Services.
- reviewed a sample of patient care and treatment records.
- reviewed the service's policies and procedures, staff files and meeting minutes.

# Are services safe?

At our previous inspection on 2 July 2018 we identified the arrangements for providing safe care did not comply with Regulations. We found:

- The GP safeguarding lead identified in the child and young adult safeguarding policy did not work at the practice and staff members we spoke to did not know who they were or how to contact them if a concern arose.
- The child and young adult safeguarding policy did not contain contact details relevant for the Waltham Forest locality.
- External safeguarding contact sheets were displayed in clinical rooms, but the contact details for vulnerable adults recorded on these contact sheets were incorrect.
- The practice did not hold a register of children or vulnerable adults who are at risk.
- We asked for evidence that children and vulnerable adults who are at risk were discussed in meetings to ensure their ongoing monitoring and safety, but the practice was unable to provide evidence of this.
- We found that the system to learn from significant events was not effective, as the three significant events recorded in the past 12 months did not have any learning or outcomes identified.
- The practice was unable to provide evidence that clinical equipment had been calibrated to ensure it was in good working order provide and staff told us they were unsure as to whether calibration had been carried out.
- We found that fire safety systems did not keep patients or staff safe and that some staff members had not received fire safety training.
- We identified risks relating to infection prevention and control, for example the action plan from the infection control audit was not being monitored and we found two sharps bins which were full and unlocked in the nurse's room.
- No action had been taken in relation to a clinician being investigated by their professional regulator nor could the practice provide any evidence that the investigation had been closed by the professional regulator. We asked for evidence of actions that the practice was required to carry out, such as weekly meetings with the clinician to ensure that boundaries were understood, and they were unable to provide this evidence.
- There were no risk assessments in place to ensure that incidents with vulnerable patients did not take place.

- We found that arrangements for emergency medicines did not keep patients safe. For example, we found some medicines for use in a medical emergency bag were out of date.
- The practice did not have Glucagon or Glucagel, Penicillin, and diuretic or injectable pain relief to use in a medical emergency, nor had they completed a risk assessment in relation to the lack of these medicines.
- We looked at uncollected prescriptions and identified risks, with some prescriptions being uncollected after three months.
- Medical indemnity insurance for the clinical staff at the practice was checked and all staff were found to be appropriately indemnified.

At this inspection on 21 December 2018 we reviewed the requirements contained in the warning notices issued to the provider, and found the service had made improvements to the provision of safe care. Specifically:

- A new safeguarding lead had been appointed and policy documents updated.
- We were told that a register of children or vulnerable adults who were at risk had been in place at the time of the previous inspection but that there was no one present at that time who could provide evidence of this. On this visit we were shown this register and evidence that children and vulnerable adults who are at risk, had been discussed in meetings to ensure their ongoing monitoring and safety.
- We reviewed the significant event reporting procedure and could see that the whole procedure had been updated and improved. Events were now documented after having been discussed at meetings. Minutes of these meetings were then circulated to staff.
- We were shown records to confirm that equipment calibration had been carried out on 3rd December 2018.
- The fire safety policy had been updated and relevant risk assessments, training and drills completed. Since our inspection on 2 July 2018, all staff had updated their fire safety training and three fire drills had been carried out. Lessons learnt from these drills had been discussed at practice meetings.
- Risks identified at the previous inspection had been resolved and regular checking of sharps bins were taking place. Monthly clinical meetings were now being

# Are services safe?

held and the infection control audit was an agenda item for that meeting with action points being discussed so as to ensure progress is being made and compliance achieved.

- The incident in relation to a clinician being investigated by their professional regulator had now been resolved and no further concerns were raised.
- Arrangements for the safe management and monitoring of medicines had been improved and we saw evidence of risk assessments to explain why certain medications were not held by the practice. We also saw improvements in the monitoring of uncollected prescriptions with monthly checks of the prescription box being undertaken. Any prescriptions that were more than three months old were removed from the box, the patient record marked to show the items as uncollected, the issue cancelled and the GP informed.

However, there were still areas where the service was not providing safe care in accordance with the Regulations:

- We found a room that was locked and when we asked for entry to that room we discovered a significant number of patient records within it. When we asked what these records were, we were told that due to a lack

of staff who were able to summarise records, all new records were placed in this room to await the time when someone could be recruited to complete this task. We were further told that summarising had not taken place for almost one year.

Many of these records related to potentially violent patients who were part of a Special Allocation Scheme and whose records would need to be summarised for the safety of the practice staff and the clinical safety of the patient.

We ran searches to investigate this further and found that of the 8,218 patients currently registered at the practice, there were 458 records that hadn't been summarised.

By running other searches, we found that of all the patients who had been registered at the practice there were 1,710 whose records had never been summarised. These two figures combined meant that the practice had failed to summarise 2,168 records. Many of these patients were still registered at the practice and the records were in this room.

We were not able to ascertain how many of the 8,128 patients who were registered at the practice were still living within the catchment area.

# Are services well-led?

At our previous inspection on 2 July 2018 we identified the arrangements for providing well-led care did not comply with Regulations. We found:

- Signed PGDs that were dated on or after April 2018 but had been issued and were in use prior to this date.
- Some PGDs had been signed by the clinical lead, but not signed by the practice nurse, including a PGD for 'Hiv/ Menc' which was valid from 1 November 2016 and a PGD for 'Hepatitis BrDna' which was valid from 4 April 2017.
- There was ineffective clinical leadership and oversight of the nurses who worked at the practice, for example the lead nurse worked at five other sites and was rarely at the practice; there was no formal peer review carried out for the nurse; significant events recorded by the nurse were not audited or reviews completed; the lead nurse was not able to explain the scope of the nurses' work at the practice nor were they able to demonstrate they understood this.
- There was no oversight of the nurses' inadequate rate for cervical smear tests, and the lead nurse told us they were unaware of the inadequate rate and that this was not discussed.
- The senior receptionist had been appointed to the role of deputy practice manager, however there was no signed contract in place and no training had been provided to this staff member.
- The regional practice manager worked across five other sites and we found that they were unable to navigate their way around the practice's clinical system; they were unable to locate some practice policies and procedures; they were not aware of what a statutory notification is and who at the practice is responsible for reporting them.
- Policies and procedures had been produced by the provider to be used across a number of different GP practices. They were not specific to the practice and did not reference the practice premises or record any practice staff members as leads.

At this inspection on 21 December we reviewed the requirements contained in the warning notices issued to the provider, and found the service had made some improvements to the provision of well-led care.

Specifically:

- 21 PGDs were seen and all were correctly signed and in date.

- The lead nurse who worked across five sites and who was rarely at the practice had left and been replaced by another lead nurse who would now work across three Living Care Medical Practice sites. However, when questioned some staff were unaware as to who the lead nurse was as the frequency of their visits was still varied with no regular communication.
- There had been two significant events relating to prescribing errors that, although recorded, had not been audited or reviewed. We saw evidence showing that a review of the prescribing incident had been undertaken and closed after learning and outcomes shared with relevant staff. There were now plans in place for audits involving nurses and prescriber to be undertaken and reviewed by the Lead GP.
- A review had been undertaken for re-assurance that the Nurses working at the Practice understood their scope of work. The nurses also confirmed that they understood the NMC Code of Practice and that by attending the clinical meetings they were then able to to raise concerns with either the GPs or other nurses.
- The practice nurse was now aware of inadequate cervical smear test rates and the recall process that was in place. Training had been discussed and the screening rate for eligible women was now over 80% with any inadequate results being closely monitored.
- There was now a signed contract in place for the deputy practice manager and we were told that training support was being provided by an experienced practice manager with weekly on-site support. Although we were told by Living Care that this on-site support was provided several times per week, this wasn't confirmed by staff at the practice. It was generally felt by staff that the deputy practice manager receives very little support from Living Care and that senior managers from Living Care had only attended the practice a few times since being appointed. Feedback from staff also confirmed that they were still unaware of the management structure.
- All staff are now aware as to the location of policies and we saw evidence of hard copies in the deputy practice managers room and electronic copies on the shared drive. Issues with accessing the policies had been reported at the previous inspection and so random policies were accessed on several PCs in the practice. All opened ok and the deputy practice manager confirmed that there had been no recently reported issues with staff accessing them.