

# Boleyn Road Practice

## Inspection report


162 Boleyn Road  
Forest Gate  
London  
E7 9QJ  
Tel: 02085035656  
[www.boleynroadpractice.co.uk](http://www.boleynroadpractice.co.uk)

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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?

Inadequate 

Are services responsive?

Inadequate 

Are services well-led?

Inadequate 

# Overall summary

We carried out an inspection of Boleyn Road Practice 5 August 2020. Due to issues associated with the coronavirus pandemic we then undertook a remote review of clinical records on 6 August 2020 and on 12 August 2020. The inspection of this service was to follow up concerns identified during our inspection undertaken on 4 December 2019. At that inspection we rated the practice as inadequate for all key questions and population groups. CQC served the provider with a Notice of Decision to cancel the provider's registration.

This inspection was a comprehensive inspection focusing on all key questions:

- Are services safe?
- Are services effective?
- Are services caring?
- Are services responsive?
- Are services well-led?

At this inspection we found that the provider had taken action to address some of the concerns identified at our last inspection. However, there were still a significant number of concerns in key areas of the organisation including in respect of; risk management, safeguarding, significant event management, recruitment and staffing, governance including clinical governance, complaint management, clinical performance and patient satisfaction.

The practice told us that Covid 19 had impacted on their ability to address the concerns raised at the last inspection and their ability to recruit a new practice manager and new partners.

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 for all key questions and all population groups.**

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

- The practice's child safeguarding policy contained outdated information. Not all staff had received the

appropriate level of safeguarding training and management were not aware of the required level of training for some staff. Not all staff were involved in discussions around safeguarding or knew what amounted to a safeguarding concern. Lists of patients on the practice's safeguarding register were not proactively shared with out of hours services and the safeguarding lead could not access these registers and had not reviewed the registers since starting at the practice in July 2020. We also found instances where patients who had safeguarding concerns raised were not being appropriately managed or followed up.

- The practice did not have adequate systems in place to ensure risks associated with infection control, fire, legionella and substances hazardous to human health were mitigated.
- Not all staff had contracts of employment in place and there was no evidence of inductions having been completed for some staff.
- Systems around the management of medicines were not sufficiently comprehensive to ensure that patients remained safe.
- Not all significant events had been reported using the practice policy. Staff at the practice were unaware of the requirements to report certain events to external bodies and the registered manager was initially unable to provide details of CQC's notification requirements when asked.

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

- We found several patients with diabetes who had not been informed of their diagnosis or had appropriate care and treatment in place. Systems to identify diabetic patients were therefore not effective.
- The practice had not reviewed all of the 30 records where concerns had been raised by NHS England; despite telling us after the last inspection that they would do so. No audits of clinical consultations had been done since the provider undertook reviews following our last inspection.
- The practice performance against targets was below local and national averages in a number of areas including some long term conditions and screening programmes and there was little evidence of action taken to try and improve patient outcomes.

# Overall summary

- There was some evidence of quality improvement activity.
- Not all staff had completed the required training.
- There was no documented clinical supervision.
- Consent was not audited.

We rated the practice as **inadequate** for providing a service that is caring because:

- The national GP patient survey indicated that patient satisfaction was below local and national averages for scores relating to practice consultations. The practice had taken action in an effort to address these concerns but had not engaged with patients to determine if the action taken had resulted in improved satisfaction.

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

- The practice was not following their own complaint process and had not provided a response to the last complaint received in March 2020.
- The national GP patient survey indicated that patient satisfaction was below local and national averages for scores relating to access. The practice had taken action in an effort to address these concerns but had not engaged with patients to determine if the action taken had resulted in improved satisfaction.

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

- Governance was not effective in key areas including risk management, safeguarding, infection control and clinical oversight and monitoring.
- Some policies contained inaccurate or out of date information.
- Staff said that new leadership was needed to make the service work effectively and the current leadership lacked the necessary vision to make improvements.
- Staff reported that they were reluctant to raise concerns with leadership in the practice for fear of retribution.
- Information was not effectively used to ensure patients were provided with appropriate care and treatment particularly those with diagnosis of diabetes.

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

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

As the provider has not demonstrated sufficient improvement or adequately addressed the breaches identified at our last inspection, CQC are proceeding with action to cancel the provider's registration.

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

**Please refer to the evidence tables for further information.**

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector and supported by a second CQC inspector and CQC inspection manager.

## Background to Boleyn Road Practice

Boleyn Road Practice is situated within 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 5,500 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 service, treatment of disease, disorder or injury, diagnostic and screening procedures and family planning.

The practice has one female GP partner who is absent from the practice leaving one salaried GP and locums to lead on clinical work. The practice receives administrative support from a former salaried GP. There are three practice nurses, although one is currently on annual leave, and a health care assistant who works part time.

The practice also has a practice manager, a reception manager and a team of reception and administration staff members.

The practice is open Monday to Friday between 8am and 6:30pm and appointment times are as follows:

- Monday 9:00am to 6:00pm
- Tuesday 9:00am to 6:00pm
- Wednesday 9:30am to 6:00pm
- Thursday 9:00am to 6:00pm
- Friday 9:00am to 6:00pm

The practice is a part of the local GP co-operative which provides appointments to patients up to 8pm when the practice is closed. 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 10 represents the lowest. The practice has a relatively low patient population of older patients compared to the local and national averages and the practice had a lower percentage of patients who had a long-standing health condition at 29% compared to the local average of 41% and the national average of 51%.