

Custom House Surgery

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.

Ratings

Overall rating for this location		Requires Improvement	
Are services safe?		Inadequate	
Are services effective?		Requires Improvement	
Are services caring?		Good	
Are services responsive to people's needs?		Requires Improvement	
Are services well-led?		Requires Improvement	

Overall summary

We carried out an announced comprehensive inspection at Custom House Surgery on 20/10/2021. Overall, the practice is rated as Requires improvement.

Ratings for each key question:

Safe - Inadequate

Effective - Requires improvement

Caring - Good

Responsive – Requires improvement

Well-led – Requires improvement

Following our previous inspection on 30/11/2020 the practice was rated Requires improvement overall and rated Good for providing safe services but Requires improvement for providing effective, caring, responsive and well led services.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for Custom House Surgery on our website at www.cqc.org.uk

Why we carried out this inspection

This comprehensive inspection to follow up on breaches of regulations and covers our findings in relation to the actions we told the practice they should take to improve.

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 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:

Overall summary

- 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 Requires improvement overall.

We found that:

- Although there were some strong systems to manage risks to patients, there were some risks that were not well managed, for example, medicines management processes related to monitoring high-risk medicines.
- The system of medicines reviews for patients with long term conditions required improvement. For example, we found evidence where the diagnosis was not correctly coded or documented in the patient record which meant some patients had not been reviewed or signposted to preventative care.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.
- Childhood immunisation uptake rates were below the World Health Organisation (WHO) targets. Uptake rates for the vaccines given were below the target of 95% in five areas where childhood immunisations are measured.
- The practice had not demonstrated it had an effective strategy to improve its performance for cervical screening which was lower than CCG and England averages.
- There was evidence improvements made in listening to patients were reflected in the results of the 2021 GP National Patient Survey. Overall experience of the practice had improved from 50% (March 2020) to 59% (March 2021).
- The provider had implemented systems and process in response to the findings of our previous inspection. However, the governance arrangements in place still required improvement especially in relation to identifying, managing and mitigating risks.

We found breaches of regulations. The provider **must**:

- Ensure that care and treatment is provided in a safe way.

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

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

- Continue to implement a programme to improve uptake for cervical screening and childhood immunisations.
- Take action to increase the number of carers identified, in order that they can provide support to these patients.
- Improve compliance with policies and procedures; for example, the prescribing policy.
- Continue to encourage patients to become members of the patient participation group.

Overall summary

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

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 who spoke with staff and completed clinical searches and records reviews at the location.

Background to Custom House Surgery

Custom House Surgery is a partnership based in Newham, in the North East London at 16, Freemasons Road, London E16 3NA.

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

The practice is situated within the NHS Newham Clinical Commissioning Group (CCG) and provides primary care to around 9,697 patients under a Personal Medical Services (PMS) contract. This is part of a contract held with NHS England.

The practice is part of a wider primary care network of GP practices – South One PCN.

Information published by Public Health England shows that deprivation within the practice population group is in the second lowest decile (two of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 44% White, 28% Black 18% Asian, 6% Mixed, and 3% Other.

There is a team of four doctors who work at the practice, two males and two females. Two of the doctors are partners and there are two salaried GPs. There is one advanced nurse practitioner and a practice nurse and an HCA. There is a clinical pharmacist who works at the practice full time. There is a phlebotomist on site to do blood tests. The GPs are supported at the practice by a Practice Manager and a team of reception/administration staff.

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 the GP needs to see a patient, then a face-to-face appointment is offered.

Patients telephoning when the practice is closed are directed to the local out-of-hours service provider Newham GP Co-op collaborative.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The overarching governance framework had not ensured that systems and processes were operating effectively. In particular;</p> <ul style="list-style-type: none">• The practice did not have clear and effective processes for managing risks, issues and performance. For example, medicines management processes related to monitoring high-risk medicines. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured that care and treatment is provided in a safe way. In particular;</p> <ul style="list-style-type: none">• The provider did not ensure there were effective arrangements in place for identifying, managing and mitigating risks. For example, people had not received appropriate physical health monitoring with appropriate follow-up in accordance with current national guidance.• Leaders had not identified the need to have an effective process in place to ensure clinicians were viewing patients' monitoring information prior to prescribing. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>