

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? | | Good |  |
| Are services effective? | | Requires Improvement |  |
| Are services caring? | | Requires Improvement |  |
| Are services responsive to people's needs? | | Requires Improvement |  |
| Are services well-led? | | Requires Improvement |  |

Overall summary

We carried out an announced comprehensive inspection of Customs House Surgery on 30 November 2020.

The practice was last inspected on 10 October 2019 where we rated it as **inadequate** overall and placed the practice in special measures.

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.

At this inspection, we have rated the practice as **requires improvement** overall and **requires improvement** for all population groups.

At this inspection we have rated the practice as **good** for providing safe services because:

- Following the previous inspection in October 2019 an electrical installation condition report was carried out on 24/03/20. The installation was deemed satisfactory.
- The record of all staff absences was now managed on a cloud-based computer system which was proactively reviewed by the management team. Steps had been taken to increase staff numbers including the recruitment of two additional receptionists, two sessional GPs and a Nurse Practitioner.
- There was now an effective system in place for managing test results which ensured they were acted upon in a timely manner in order to keep patients safe.

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

- Processes for ensuring baby checks were carried out in time had been improved, however the practice's achievement for childhood immunisations and cervical screening remained below target, although this was based on the same published data as the previous inspection.
- The practice's achievement for some mental health indicators was below local and national averages but had improved since the previous inspection.
- Performance data for patients with long term conditions had improved from the previous year and were now in line with local and national averages.

We rated the population groups of 'Older people', 'People with long-term conditions' and 'People whose circumstances make them vulnerable' as **good** for providing effective services. We rated the population group of 'Families, children and young people', 'Working age people' and 'People experiencing poor mental health' as **requires improvement** for providing effective services due to the low uptake for childhood immunisations and cervical screening and below average achievement for some mental health indicators.

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

- The practice's GP patient survey (GPPS) results for 2020 remained below local and national averages for most questions relating to kindness, respect and compassion from clinicians.
- The practice was aware of this and formulated an action plan to address these concerns which was still in progress.

Overall summary

- We received positive feedback about the changes being made to address patient's concerns through responses from the patient participation group (PPG), the practice's own survey results and reviews we saw online. However, these improvements were yet to be reflected by the results of the national survey.

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

- Although the practice's results of the GP patient survey to questions about access to care and treatment remained below local and national averages the practice had taken positive steps to address this issue.
- Staff we spoke with told us since the previous inspection there had been an increase in staffing (both clinical and non-clinical members) which had had a positive impact. This was reflected in the results of the practice's own patient survey in November 2020 and recent reviews about the practice we saw online.
- Whilst the practice was taking steps to address the access difficulties reflected by the GP patient survey and there was some evidence of positive feedback in feedback from the patient participation group (PPG) and online reviews about the practice, these improvements were yet to be reflected by the results of the GP patient survey.

These areas affected all population groups so we rated all population groups as **requires improvement** for providing responsive services.

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

- The partners had insight into the concerns highlighted at the previous inspection about the leadership failings at the practice and had taken steps to address these. Both partners had undergone leadership, coaching and mentoring courses since the previous inspection. One of the partners had completed a course to become a clinical supervisor and planned to become a GP trainer.
- A new permanent practice manager had been employed and was able to effectively manage the day to day operations of the practice, leaving the partners to deal with the clinical matters and general oversight of the practice.
- The CQC registration failings found at the previous inspection had since been resolved and one of the partners was now the Registered Manager. The financial management of the practice was now stable and all appraisals had now taken place.
- The risk management processes had been reinforced and improved, including those relating to records security and test results.
- However, whilst there was evidence of processes put in place to manage issues and performance, these had yet to prove effective in addressing concerns such as performance in childhood immunisations, cervical screening and patient's experiences of the practice as reflected by the results of the GP patient survey.

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.

(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 review and improve staffing requirements and take action to ensure sufficient availability to meet patient need.
- Continue to review and improve clinical outcomes for patients experiencing poor mental health.

Overall summary

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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

Our inspection team

Our inspection team was led by a CQC lead inspector assisted by a GP specialist advisor.

Background to Custom House Surgery

Custom House Surgery is situated within NHS Newham Clinical Commissioning Group (CCG). The practice provides services to approximately 9,900 patients under a Personal Medical Services (PMS) contract (a locally agreed alternative to the standard General Medical Services contract used when services are agreed locally with a practice which may include additional services beyond the standard contract).

The practice website address is: customhousesurgery.co.uk.

The practice is registered with the CQC to carry on the following regulated activities: Diagnostic and screening procedures; Family planning; Surgical procedures; and Treatment of disease, disorder or injury.

The clinical team at the practice consists of two male GP partners each providing eight clinical sessions per week, two sessional GPs, two nurse practitioners, a healthcare assistant (HCA) and a practice counsellor. The practice is currently recruiting a clinical pharmacist, an additional GP and a practice nurse. Non-clinical services are provided by a practice manager and 12 reception, administrative and secretarial members of staff.

The practice is open Monday to Friday from 8am to 6.30pm, with appointments available from 8.30am to 12pm and from 2pm to 6pm every day. Extended hours appointments are provided on Mondays from 6.30pm to 8pm, Tuesdays and Fridays from 7am to 8am, Saturdays from 8am to 12 noon, and Sundays from 9am to 1pm. Appointments include home visits and telephone consultations. Patients telephoning when the practice is closed are directed to the local out-of-hours service provider.

Information published by Public Health England rates the level of deprivation within the practice population group as two, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

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 Treatment of disease, disorder or injury Surgical procedures Family planning services | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>How the regulation was not being met:</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• Uptake for childhood immunisations remained below national and international achievement targets.• Uptake for eligible women in cervical cancer screening was below local and national averages.• Systems and processes to improve patient feedback about access to the service and experiences of using the practice remained below local and national averages. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |