

# Harford Health Centre

## 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

Inadequate 

Are services safe?	Inadequate 
Are services effective?	Good 
Are services caring?	Requires improvement 
Are services responsive?	Requires improvement 
Are services well-led?	Inadequate 

# Overall summary

We carried out an announced comprehensive inspection of Harford Health Centre on 20 February 2020 following our annual review of the information available to us about the practice.

The practice was last inspected on 11 May 2017 and we rated the practice as good overall.

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.

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

- The system for receiving and acting upon safety alerts was not effective.
- We found ineffective monitoring and unsafe prescribing of some high-risk medicines.
- Some clinicians had not reviewed test results in a timely manner.
- There were some gaps in staff training and staff had not completed safeguarding training to the appropriate level for their role.
- There was no record of immunity status for staff members.
- The practice had a system in place to ensure that recruitment checks were carried out for new starters, however whilst the practice manager was on leave the practice had failed to carry out recruitment checks as required.
- The practice had not assessed the need for certain medicines to be kept for use in an emergency.
- There was a lack of safety checks and procedures in place relating to the premises and limited oversight of checks and actions carried out by the building landlord.

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

- Some leaders demonstrated a lack of awareness of and oversight of potential risks, as evidenced by policies and procedures not being maintained whilst the practice manager was on leave.

- We heard evidence that some of the partners needed more involvement in the overall running and governance of the practice and had not taken on responsibilities when the practice manager was off work, nor had they assured themselves that those staff members who were covering the practice manager were capable of doing so.
- The provider lacked oversight and knowledge of systems and procedures relating to the safety of the premises, in that they had not assured themselves that the premises were safe for their patients and staff by obtaining evidence of risk assessments completed and actions resolved.

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

- The practice's national GP Patient Survey Results for 2019 were below national averages for questions relating to how patients felt they were treated by clinicians and their overall experience of the practice. The provider was not aware of these results, they had not been discussed as a practice team, and there was no action plan in place to address these low results.

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

- The practice's national GP Patient Survey Results for 2019 were below national averages for questions relating to access. The provider was not aware of these specific results, they had not been discussed as a practice team, and there was no action plan in place to address these low results (albeit the practice recognised that access has been an ongoing issue).
- Patients' access to care and treatment had been raised as an area for improvement at a previous CQC inspection in March 2016, however feedback from patients about access demonstrated that this was still an issue.

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

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

- The practice reviewed and monitored the effectiveness and appropriateness of the care and treatment it provided through quality improvement activity.

# Overall summary

- Clinicians had completed role-specific training in order to deliver effective care.
- Staff told us they were given protected time to complete training and that the practice encouraged staff to upskill.
- The practice obtained consent to care and treatment in line with legislation and guidance.
- Staff helped patients to live healthier lives.

These areas affected all population groups, so we rated all population groups as good for providing effective services.

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

- Ensure care and treatment is provided in a safe way to patients.
- 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:

- Formalise oversight of clinicians and staff employed in advanced clinical practice through regular documented record and prescribing checks.
- Ensure patient notes are summarised in a timely manner.
- Work to improve the uptake rate for cervical screening.

- Ensure staff monitor refrigerator temperatures as per Public Health England guidance.

I am placing this service 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.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

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 table.**

**Dr Rosie Benneyworth** *BM BS BMedSci MRCGP*

Chief Inspector of Primary Medical Services and Integrated Care

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor, a practice nurse specialist advisor, and a practice manager specialist advisor.

## Background to Harford Health Centre

Harford Health Centre is situated within NHS Tower Hamlets Clinical Commissioning Group (CCG). The practice provides services to approximately 9,675 patients under a General Medical Services (GMS) contract (an agreement between NHS England and general practices for delivering primary care services).

The practice operates from a purpose-built medical centre at 115 Harford Street, London E1 4FG. There is an independently-operated pharmacy within the building. The property is managed and maintained by NHS Property Services.

The practice has a website:  
[www.harfordhealthcentre.nhs.uk](http://www.harfordhealthcentre.nhs.uk)

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

The clinical team at the practice consists of two male GP partners collectively providing 17 clinical sessions per week and one female nurse practitioner partner providing eight clinical sessions per week. There are three female salaried GPs collectively providing 13 clinical sessions per week, three female and one male practice

nurse, two pharmacists and two healthcare assistants. Non-clinical staff include a practice manager, a deputy practice manager and a team of reception and administrative staff members.

The practice is open as follows:

- Monday from 8am to 8pm;
- Tuesday from 8am to 6.30pm;
- Wednesday from 8am to 1pm and from 3pm to 8pm;
- Thursday from 8am to 6.30pm;
- Friday from 8am to 6.30pm;
- Saturday from 9am to 1pm.

Appointments are available:

- Monday from 9am to 12pm and from 3pm to 7.30pm;
- Tuesday from 8am to 12pm and from 3pm to 5.50pm;
- Wednesday from 9am to 12pm and from 3pm to 7.30pm;
- Thursday from 9am to 12pm and from 3pm to 5.50pm;
- Friday from 9am to 12pm and from 3pm to 5.50pm;
- Saturday from 9am to 12pm.

Appointments include home visits, telephone consultations and online 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. In England, people living in the least deprived areas of the

country live around 20 years longer in good health than people in the most deprived areas. National General Practice Profile describes the practice ethnicity as being 32.6 % white, 54.7 % Asian, 7.1 % black, 3.8 % mixed race, and 1.8 % other ethnicities.

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 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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</b></p> <ul style="list-style-type: none"><li>• The system for safety alerts was not effective.</li><li>• Ineffective monitoring and unsafe prescribing of some high-risk medicines.</li><li>• Test results not reviewed in a timely manner.</li><li>• Some gaps in staff training and staff had not completed safeguarding training to the appropriate level.</li><li>• No record of immunity status for staff.</li><li>• The practice had not assessed the need for certain medicines to be kept for use in an emergency.</li><li>• There was a lack of safety checks and procedures in place relating to the premises (e.g. no fire procedure or health and safety risk assessment) and limited oversight of checks and actions carried out by the building landlord (e.g. fire drills and alarm tests, actions arising from legionella and fire risk assessments).</li></ul> <p><b>These matters are in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</b></p>
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>There were no systems, or ineffective systems, in place to assess, monitor and mitigate the risks to patients and staff and improve the quality and safety of the services being provided. In particular:</b></p>

This section is primarily information for the provider

## Requirement notices

- Whilst the practice manager was on leave the practice had failed to carry out recruitment checks as detailed in the recruitment policy.
- Provider had not reviewed, discussed or acted upon low results in the 2019 GP Patient Survey.
- The provider lacked oversight and knowledge of systems and procedures relating to the safety of the premises.
- Some of the partners needed more involvement in the overall running and governance of the practice and had not taken on responsibilities when the practice manager was off work, nor had they assured themselves that those staff members who were covering the practice manager were capable of doing so.

**These matters are in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**