

Boleyn Medical 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?

Inadequate 

Are services caring?

Requires improvement 

Are services responsive?

Inadequate 

Are services well-led?

Inadequate 

Overall summary

We decided to undertake an inspection of this service on 22 and 25 July 2019 following our annual review of the information available to us. This inspection looked at the following key questions; are services safe, effective, caring, responsive and well-led.

The practice was previously inspected in October 2016 and was rated as good overall.

Our judgement of the quality of care at this service is based 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 practice did not have effective arrangements to keep children safeguarded from abuse.
- The practice did not have clear systems and processes to keep patients safe, including the management of safety alerts and significant events, and to ensure early recognition of sepsis.
- There were gaps in systems to assess, monitor and manage risks to patient safety including infection control and fire safety.
- The practice did not have appropriate systems in place for the safe management of medicines including high risk medicines.
- The practice did not learn and make improvements when things went wrong.

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

- There was no monitoring of the outcomes of care and treatment.
- Appropriate arrangements for care and treatment such as patients call and recall, and care planning were not effective.
- Some clinical performance data was below local and national averages and there was no clear or effective action plan to improve.
- The percentage of new cancer cases treated detection rate which resulted from a two week wait (urgent) referral was 20%, which was below both local and national averages.

These areas affected all population groups, so we rated all population groups as **inadequate**.

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

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Arrangements to ensure patients privacy in the reception area needed improvement.
- Systems to identify carers required review and improvement.

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

- People were not able to access care and treatment in a sufficiently timely way.
- The registered person had failed to establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users.
- Individual complaints were addressed for individual patients, but complaints were not used for learning or to improve the overall quality of care.

These areas affected all population groups, so we rated all population groups as **inadequate**.

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

- The practice did not have a forward vision or strategy.
- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice did not always act on appropriate and accurate information.
- We saw little evidence of systems and processes for learning, continuous improvement and innovation.
- We were not assured leaders had the capacity and skills to deliver high quality, sustainable care.
- The provider had not applied to register relevant regulated activities as required with the CQC as required.

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

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

Overall summary

- Ensure patients are protected from abuse and improper treatment.
- Ensure that any complaint received is investigated and any proportionate action is taken in response to any failure identified by the complaint or investigation.
- Ensure there is an effective system for identifying, receiving, recording, handling and responding to complaints by patients and other persons in relation to the carrying on of the regulated activity.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure specified information is available regarding each person employed.

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

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

- Review and improve arrangements in the patient's reception area to ensure patients privacy is maintained.
- Review and improve arrangements to promote patient's access to relevant health screening and health promotion information.
- Review and improve contents of patients care plans for patients with a learning disability, and to support patient self-management.

- Review and improve systems to identify carers.

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 tables.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

Our inspection team

On the 22 July 2019 our inspection team was led by a CQC inspector, who was supported by a General Practitioner and a Practice Manager specialist adviser. On the 25 July 2019 our inspection was led by a CQC inspector, who was supported by a CQC General Practitioner

specialist adviser.

Background to Boleyn Medical Centre

Boleyn Medical Centre, also known as Dr MSJ Khan is one of two GP practices based within the purpose built Boleyn Medical Centre building. It is located on a high street in a residential area of East Ham and the practice occupies the ground and second floors of the building. Services are provided by Dr Mohammad Samin Jan Khan. The practice is well served by local public transport services and disabled parking bays are available to the rear of the premises. Parking on the surrounding streets is generally for permit holders only, although there are bays where patients can park for up to four hours.

East Ham is a town in the London Borough of Newham which is to the east of London. The practice is part of Newham Clinical Commissioning Group (CCG) as well as a member of a Primary Care Network (PCN) and provides services under a Primary Medical Services contract (PMS) to around 10,455 patients. The practice opening hours are from 8am to 6.30pm every day except weekends when it is closed. Staff told us appointment times are between 8am and 6.30pm and can be booked for the next working day from 10am. However, the practice website stated, "Appointment times vary on a daily basis; they are available between 8.30am – 6.30pm", and the appointments calendar indicated there were no appointments after 5pm on Wednesdays and 4pm on

Thursday for a period of six weeks prior to our inspection. The practice operates a walk-in clinic from 8.30am until it is fully booked that is for new or urgent problems. Out of hours services are provided by the seven day access and extended hours schemes. The seven day access service operates from 8am to 8pm Monday to Sunday. The extended hours service offers weekday evening appointments from Wednesday to Friday between 6.30pm to 9.30pm, and Saturday morning appointments between 9.00am to 12.00pm. Both services are delivered offsite via local surgeries in the area.

Clinical staff are a lead male GP working eight sessions, one salaried GP and four long term locum GPs (1 female, 4 male). GPs are collectively working a total of 37 sessions per week, staff told us this was due to increase to 40 sessions per week commencing September 2019. Other clinical staff included two female practice nurses and four female healthcare assistants. Non-clinical staff are a full-time practice manager (on long term leave and covered by an acting practice manager), and a team of 15 reception and administrative staff working a variety of shift patterns and hours.

The provider was registered with the Care Quality Commission (CQC) to carry on the regulated activities of

family planning services, treatment of disease, disorder or injury, and diagnostic and screening procedures. The provider had not applied to CQC as required to register the regulated activities of surgical procedures it was undertaking (joint injections) or maternity and midwifery (antenatal and postnatal checks).

The Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to ten. Level

one represents the highest levels of deprivation and level ten the lowest. The demographic of local population ethnicity identifies as White 21.1%, Mixed race 3.7%, Asian 56.8%, Black 14.5%, and Other race 3.9%. The practice area has a higher percentage than national average of people whose working status is unemployed (8.6% compared to 4.3% nationally), and a lower percentage of people over 65 years of age (5.4% compared to 17.3% nationally).

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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>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:</p> <ul style="list-style-type: none">• Patients call and recall including immunisations and patients with long term conditions.• Patients escalation including to see a GP when required.• Patients with long term conditions.• Insufficient staff awareness of sepsis recognition.• For the event of a medical emergency, such as medicines and equipment.• Significant events.• Safety alerts.• Clinical tool to identify older patients who were living with moderate or severe frailty. <p>There was no proper and safe management of medicines. In particular:</p> <ul style="list-style-type: none">• Patients prescribed high risk medicines including DMARDs and warfarin.• Patients prescribed various medicines including thyroxine, NSAIDs, ACEIs, antibiotics, DOACs, PPIs, retroviral, sulphasalazine.• Patients medicines reviews.• Lack of monitoring of prescriptions usage.• Patient Specific Directions. <p>There was insufficient assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular:</p> <ul style="list-style-type: none">• Insufficient awareness and action relating to risks identified in the fire safety risk assessment.• Insufficient awareness and action relating to risks identified in the infection control audit.

This section is primarily information for the provider

Requirement notices

Regulated activity

Diagnostic and screening procedures
Family planning services
Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

The registered person did not have systems and processes in place that operated effectively to prevent abuse of service users. In particular:

- The safeguarding protocol had not been recently reviewed and was not adhered to.
- A potential case of child neglect was not followed up in response to a hospital letter.
- Safeguarding was not included in the induction pack for locum GPs.
- No evidence of relevant safeguarding training for a locum GP.
- Insufficient health visitor involvement.
- Ineffective arrangements for staff DBS checks.

Regulated activity

Diagnostic and screening procedures
Family planning services
Treatment of disease, disorder or injury

Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

The registered person had failed to establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity. In particular:

- Information about how to complain was not readily available.
- Lack of provider awareness of required standards e.g. Staff were not aware related expressions of dissatisfaction not been treated as such.
- The practice response letter to complaints did not include the Parliamentary and Health Services Ombudsman

Regulated activity

Diagnostic and screening procedures
Family planning services
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Requirement notices

There were no effective systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:

- An appropriate accident / incident reporting system.
- Significant events.
- To ensure appropriate emergency use medicines and equipment, proximity, accessibility and fitness for use.
- Insufficient systems for capturing accidents, incidents and near misses including to underpin meeting RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations).
- No protocol in place for urgent referrals.
- Lack of discussion of key topics at meeting including clinical, staff and reception meetings and no frameworks for related follow up.
- Arrangements for repeat medicines were not sufficiently formalised.
- Safety alerts.
- Bowel cancer uptake and coding.

There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- Lack of discussion of key topics at meeting including clinical, staff and reception meetings and no frameworks for related follow up.
- Reference to NICE or other best practice guidelines and ensuring appropriate inclusion of whole clinical team.
- To ensure to assure co-ordinated care for relevant patients including vulnerable patients.
- Lack of clinical and other audits or other quality improvement activity.
- Lack of effective response to patient's feedback.
- Systems for telephone and appointments access.

There were no systems or processes that ensured the registered person had maintained securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular:

This section is primarily information for the provider

Requirement notices

- Relevant documentation including locum agreement, job description and immunisations checks.
- Insufficient contingency planning for in the absence of the lead GP.
- Gaps in staff induction.

Regulated activity

Diagnostic and screening procedures

Family planning services

Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:

- DBS checks and related assessment process
- References.