

# The Forest 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

Inadequate



Are services safe?

Inadequate



Are services effective?

Inadequate



Are services caring?

Good



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Inadequate



# Overall summary

We carried out an announced inspection/review at The Forest Surgery on 26 and 31 August 2021. Overall, the practice is rated as **inadequate**.

We previously carried out announced inspections at The Forest Surgery in 2016 and 2020. In 2016, the practice was rated good overall, in all key questions and patient population groups.

Following our last inspection on 20 November 2019, the practice was rated requires improvement overall and in the key questions for safe, effective, well led and responsive and good in the key question for caring.

The full reports for previous inspections can be found by selecting the 'all reports' link for The Forest Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

This inspection/review was a comprehensive inspection to follow up on requires improvement ratings for the key questions:

- Safe
- Effective
- Responsive
- Well-led

## 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/reviews 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 short site visit

## Our findings

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 and inadequate for all population groups.**

# Overall summary

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

- The provider did not have clear systems and processes to keep patients safe.
- The provider did not have reliable systems and processes to keep patients safeguarded from abuse.
- The practice did not have reliable systems in place to manage the practice premises safely.
- The provider did not have appropriate systems in place for the safe management of medicines.
- The provider did not have a safe effective system in place to safely manage emergency medicines and equipment.
- The provider did not have a safe effective system in place to manage patient safety alerts.
- The practice did not have a safe and effective system in place regarding the management of training for sepsis and unwell patients, which may have an impact on patient safety.
- The provider did not have a safe system in place to effectively manage infectious diseases and staff immunisations.
- The provider did not have a safe and effective system to monitor and manage patient group directions, in line with national guidance.
- Failsafe processes to follow-up patients who have been referred as a two-week wait urgent referral and female patients who have undertaken cervical screening.
- Not all significant events had been recorded.

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

- The provider did not have systems and processes to keep clinicians up to date with current evidence-based practice.
- Clinical care was not delivered consistently in line with national guidance.
- There was limited monitoring of the outcomes of care and treatment.
- The practice was unable to show that staff had the skills, knowledge and experience to carry out their roles.
- Some performance data was significantly below local and national averages.

This area affected all population groups; so we rated all population groups in the effective domain as **inadequate**.

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

- There was evidence that staff treated patients with kindness, care and compassion.
- There was evidence the provider had taken action to improve patient experience at the practice in response to patient complaints.
- There was evidence to show how the practice carried out patient surveys and patient feedback exercises.

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

- The provider had not undertaken a joint strategic needs assessment of patients' needs.
- Patient satisfaction response scores in the national GP Patient Survey had improved. However, these indicators tended towards negative variations.

This area affected all population groups; so we rated all population groups in the responsive domain as **requires improvement**.

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

- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care.
- The practice could not demonstrate they had a clear vision and a credible strategy.

# Overall summary

- The practice culture did not effectively support high quality sustainable care.
- 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 no evidence of systems and processes for learning, continuous improvement and innovation.

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

- Ensure that care and treatment is provided in a safe way.
- 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 provider **should**:

- Establish a clear recruitment process and assure themselves that records are complete prior to employment of staff members.
- Undertake regular cleaning audits.

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>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 remote clinical records review was led by a CQC lead inspector who spoke with staff using video conferencing facilities and included a GP specialist advisor who completed clinical searches and records reviews without visiting the location. A lead CQC inspector and a practice nurse specialist advisor undertook a site visit.

## Background to The Forest Surgery

The Forest Surgery is located at 2 MacDonald Rd, London E17 4BA. The practice is well served by local buses and is within easy reach of bus and train services providing direct access into Central London.

There is a clinical team of a GP partner; three long-term sessional locum GPs; a practice nurse; a clinical pharmacist and four healthcare assistants. Clinical staff are supported at the practice by a practice partner and manager and a team of reception and administration staff.

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

The practice reception is open Monday-Friday between 8am-6:30pm and appointments are available between these times. Patients may book appointments by telephone or in person.

The practice is situated within the North East London Clinical Commissioning Group (CCG) and delivers General Medical Services (**GMS**) to a patient population of about 7241 (as of 1 August 2021). This is part of a contract held with NHS England. They are part of a wider network of GP practices in Waltham Forest called Forest Eight Primary Care Network.

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. The Forest Surgery is within the fifth decile.

According to the latest available data, the ethnic make-up of the practice area is 53.4% White, 18.4% Asian, 21% 18.1% Black, 6.4% Mixed, and 3.7% Other.

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 a GP or clinician needs to see a patient on a face-to-face basis, an appropriate appointment is offered.

Extended access and out of hours services are provided locally by WF Federated GP Network Limited, where late evening and weekend appointments are available.

## 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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Regulation 12 HSCA (RA) Regulations 2014 Safe care and Treatment
Maternity and midwifery services	<b>Care and treatment must be provided in a safe way for service users</b>
Treatment of disease, disorder or injury	<b>How the regulation was not being met:</b>
Surgical procedures	<ul style="list-style-type: none"><li>• The provider failed to have a safe and effective system in place regarding medicines management.</li><li>• The provider failed to have a safe and effective system in place to monitor and manage safeguarding, in line with national guidance.</li><li>• The provider failed to consistently follow national guidance regarding care and treatment for patients.</li><li>• The provider failed to have a safe and effective system to monitor and manage emergency medicines and equipment, in line with national guidance.</li><li>• The provider failed to have a safe system in place to effectively manage clinical protocols for clinical staff.</li><li>• The provider failed to have a safe system in place to effectively manage infectious diseases and staff immunisations.</li><li>• The provider failed to have a safe and effective system to monitor and manage patient group directions, in line with national guidance.</li><li>• The provider failed to operate safe premises, in line with national guidance.</li></ul>
	<b>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b>

Regulated activity	Regulation
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# Enforcement actions

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

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.**

**How the regulation was not being met:**

- The provider failed to provide a safe effective system of clinical leadership and oversight to monitor and manage patients in the practice.
- The provider failed to have a safe and effective system to monitor and manage patient safety alerts, in line with national guidance.
- The provider failed to have a safe effective system in place to monitor and manage patients who had been referred via the two-week wait urgent referral system.
- The provider failed to have a safe effective system in place to monitor and manage cervical screening.
- The provider failed to have a safe effective system in place to monitor and manage core specific training and competency checking for clinical staff.
- The provider failed to have a safe effective system in place to monitor and manage clinical supervision or regular annual appraisals for clinical staff.
- The provider failed to have a safe effective system in place to monitor and manage to manage clinical and practice meetings.
- The provider failed to provide a safe effective system to monitor and manage significant events within the practice.
- The provider failed to provide a safe and effective system to manage and mitigate risks to patients within the practice.

**This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**