

Wood Street Health Centre

Inspection report


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Date of inspection visit: 24 Jan 2019
Date of publication: 15/03/2019

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? Requires improvement 

Are services caring? Good 

Are services responsive? Inadequate 

Are services well-led? Inadequate 

Overall summary

We carried out an announced comprehensive inspection of Wood Street Health Centre on 24 January 2019 as part of our inspection programme.

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 practice did not have effective systems for the appropriate and safe use of medicines as we found evidence of unsafe prescribing of high risk medicines, there was no defibrillator at the branch site for use in an emergency and we identified concerns in relation to the effective monitoring of the refrigerator temperature.
- We identified 50 outstanding test results on the clinical system which the practice was not aware of, which may have left patients untreated.
- There was no written protocol or risk assessment for the pharmacist in relation to making changes to patients' medicines which identifies when GPs should be involved or consulted.
- No infection control audits had been completed at the main practice since April 2016 and at the branch site since February 2014 to ensure appropriate standards of hygiene were maintained and monitored.
- The practice had not completed its own risk assessments, such as fire, legionella or health and safety, to ensure premises were safe.
- No Disclosure and Barring Service (DBS) checks were carried out for non-clinical staff members, including those who acted as chaperones, and no risk assessment had been carried out at the time of inspection to support this decision.
- There were gaps in staff recruitment checks and ineffective systems for ongoing staff checks relating to registration and indemnity insurance.
- The system for recording and actioning safety alerts was not effective.

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

- Patients were not able to access care and treatment in a timely way.
- The practice's GP patient survey (GPPS) results were below local and national averages for questions relating to access to care and treatment, and these results mirrored those of the practice's own assessment questionnaire carried out in December 2018.
- Negative patient feedback about access had been identified as a concern at a previous CQC inspection in August 2016. Low GPPS results had not been discussed with staff and there was no action plan in place to address negative feedback and improve access for all patients.

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

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

- The provider had no oversight of any risk assessments completed by other parties to ensure the premises were safe, or any oversight of whether identified risks had been addressed.
- There was a lack of oversight of activities and governance at the branch site and ineffective communication between the main practice site and branch site.
- The practice did not have effective policies and processes in relation to safeguarding.
- There was no effective oversight or monitoring of staff training and we identified gaps in training.
- Significant events and complaints were recorded, however there was no formalised system to share learning with all relevant staff to ensure changes or improvements were effectively implemented.

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

- Patients' needs were not consistently assessed, and care and treatment was not always delivered in line with current legislation, standards and evidence-based guidance.
- The systems to monitor and assess staff performance were ineffective.
- The practice was unable to demonstrate that it always obtained consent to care and treatment in line with legislation and guidance, as consent was not documented.

Overall summary

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

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

- Feedback from patients was generally positive about the way staff treated people.
- The practice respected patients' privacy and dignity.

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:

- Consider measures to encourage the uptake of childhood immunisation and cervical screening rates.
- Review the processes for recording and monitoring of consent.

- Ensure there is an effective system in place to keep clinicians up to date with current evidence-based guidelines.

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.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

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

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

Background to Wood Street Health Centre

Wood Street Health Centre is situated within NHS Waltham Forest Clinical Commissioning Group (CCG). The practice provides services to approximately 10,800 patients in the Walthamstow area of East London under a Personal Medical Services (PMS) contract. The provider also has a branch site, known as Forest Road Medical Centre, which patients can attend for appointments.

The provider, Waltham Forest Community and Family Health Services Limited, is registered with the CQC to carry on the following regulated activities: Diagnostic and screening procedures; Family planning; Maternity and midwifery services; and Treatment of disease, disorder or injury.

The clinical team at the practice includes: six salaried GPs (one male and five female, collectively working 34 clinical sessions per week), three female practice nurses (collectively working 20 sessions per week), and one pharmacist working seven sessions per week. There is a full-time practice manager and a team of reception and administrative staff. Wood Street Health Centre is also a training practice for qualified doctors wishing to specialise in General Practice.

The practice's opening times are:

- Monday, Tuesday, Wednesday, Thursday and Friday from 8am to 6.30pm;
- Saturday from 8.30am to 1pm (Wood Street only, not Forest Road).

GP and nurse appointments are available:

- Monday, Tuesday, Wednesday and Friday from 8.30am to 12pm and from 4pm to 6.30pm;
- Thursday from 8.30am to 1pm and (Wood Street only) from 4pm to 6.30pm;
- Saturday from 8.30am to 1pm (Wood Street only).

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 three, 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.

This section is primarily information for the provider

Enforcement actions

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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>There was unsafe management of medicines and medical equipment. In particular:</p> <ul style="list-style-type: none">• High risk medicines;• No defibrillator at branch site;• Monitoring of refrigerator temperature. <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">• Management of test results;• No risk assessments for the premises;• Fire safety processes and training;• The system to record and action safety alerts;• No DBS checks or risk assessments;• Staff references retained in files;• Professional registration and performers list checks. <p>There was no 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">• Infection control audits;• Infection control staff training.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>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:</p>

This section is primarily information for the provider

Enforcement actions

- No written protocol for pharmacist actioning changes to medicines;
- No oversight of whether risks identified for premises had been actioned;
- Lack of oversight of activities and governance at the branch site;
- Ineffective communication between two sites;
- Safeguarding policies and processes;
- Sharing learning from significant events and complaints;
- Monitoring and oversight of staff training;
- Medical indemnity insurance checks;
- Inductions and annual appraisals;
- No action plan to address negative feedback and improve access for patients.