

The Wapping Group Practice

Quality Report

22 Wapping Lane

London

E1W 2RL

Tel: 020 7481 9376

Website: www.wappinggrouppractice.nhs.uk

Date of inspection visit: 23 November 2017

Date of publication: 07/02/2018

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 service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Requires improvement	

Summary of findings

Contents

Summary of this inspection

Overall summary	2
The six population groups and what we found	4

Detailed findings from this inspection

Our inspection team	5
Background to The Wapping Group Practice	5
Detailed findings	6

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Wapping Group Practice on 9 June 2016. The overall rating for the practice was good. The full comprehensive report on the 9 June 2016 inspection can be found by selecting the 'all reports' link for The Wapping Group Practice on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 23 November 2017 to confirm that the practice had carried out their plan to meet the issues that we identified in our previous inspection on 9 June 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

At this inspection we found that the communication within the practice was poor and fractions within the practice leadership led to low staff morale and poor staff engagement. Consequently, the practice is now rated inadequate for providing well led services. The practice remains rated good overall.

Our key findings were as follows:

- There was not a clear leadership structure and staff did not feel supported by management. There was evidence of systemic problems such as breakdowns in working relationships and a division of loyalty between staff at all levels.

- Staff told us there was not open culture within the practice and when they raised any issues at team meetings they did not feel confident and supported in doing so.
- The practice had reviewed their safeguarding children and adult policy and whilst the adult policy was brief they were both in line with national guidelines.
- The practice had ensured that there was an effective system to track blank prescriptions through the practice in line with national guidance.
- The practice had carried out a fire risk assessment and actions identified have been carried out in line with regulation.
- The practice had developed a comprehensive business continuity plan for major incidents such as power failure or building damage.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Translation services were advertised in the patient waiting areas and there was a Multilingual Automated Arrivals unit for patients to self-check in.
- The practice proactively sought feedback from patients, which it acted on. But staff did not feel involved in the running of the practice.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

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

Summary of findings

- Consider how to improve communication with patients who have a hearing impairment.
- Consider the arrangements for planning and monitoring the number and mix of staff needed.
- Review communications in the practice to ensure they include all staff.
- The practice needs to formalise the leadership structure and ensure there is appropriate leadership capacity to deliver the service, including addressing staff issues such as interpersonal issues.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

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

The Wapping Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and an expert by experience.

Background to The Wapping Group Practice

The Wapping Group Practice is situated at 22 Wapping Lane, London E1W 2RL in purpose-built premises with access to eight consulting rooms. The building is owned and maintained by NHS Property Services. The practice provides NHS primary care services to approximately 9,600 patients living in Wapping through a General Medical Services (GMS) contract (a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract).

The practice is part of NHS Tower Hamlets Clinical Commissioning Group (CCG) which consists of 36 GP practices split into eight networks. The Wapping Group Practice is part of the Highway Network comprising of four practices in the locality.

The practice population of male and female patients between the age brackets 25 to 44 is higher than the national averages. The practice reported a 40% turnover of patients each year.

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder or injury, maternity and midwifery services, family planning and surgical procedures.

The practice staff comprises of three male and one female GP partner (totalling 23 clinical sessions per week) and three female and one male salaried GP (totalling 21 clinical sessions per week). The clinical team is supported by two practice nurses and two healthcare assistants. The administration team consists of a practice manager, a medical secretary, two administrators and five receptionists.

The practice is a training and teaching practice and has employed a practice nurse from the 'Open Doors' practice nurse programme (an initiative set up in 2007 in response to practice nurse shortages in Tower Hamlets, the scheme recruits nurses from secondary care and provides them with practice nurse training to undertake secondment in general practices in the area).

The practice telephone lines are open from 9am to 6.30pm Monday to Friday. Extended hours are provided Tuesday, Wednesday and Thursday from 6.30pm to 7.30pm.

When the surgery is closed, out-of-hours services are accessed through the local out of hour's service or NHS 111. Patients can also access appointments out of hours through several hub practices within Tower Hamlets between 6.30pm and 8pm on weekdays and 8am to 8pm on weekends as part of the Prime Minister's Challenge Fund (the Challenge Fund was set up nationally in 2013 to stimulate innovative ways to improve access to primary care services).

Are services safe?

Our findings

At our previous inspection on 9 June 2016, we rated the practice as good for providing safe services, however there were failings in the arrangements in respect of the safeguarding children and adult policies, monitoring the use of blank prescriptions, the implementation of risk assessment actions and the business continuity plan were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 23 November 2017. The practice is rated as good for providing safe services.

We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were no arrangements for planning and monitoring the number and mix of staff. Administration staff were asked to arrange their own cover when they requested annual leave.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

Are services safe?

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Any repeat prescriptions not collected after four weeks were followed-up by the GPs. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and the practice had introduced systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). These were signed by the lead GP and practice nurse.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and took action to improve safety in the practice.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Are services caring?

Our findings

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Are services well-led?

Requires improvement 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

At our previous inspection on 9 June 2016, we rated the practice as good for providing well-led services.

We found arrangements had significantly deteriorated when we undertook a follow up inspection of the service on 23 November 2017. The practice is now rated as inadequate for being well-led.

Leadership capacity and capability

On the day of inspection the leadership team demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care, however there were divisions between the leadership. They told us they prioritised safe, high quality and compassionate care. Staff told us the leadership were not always approachable and did not always take the time to listen to all members of staff.

There was evidence of divisions between staff and the leadership team, but also within the leadership of the practice. For example, staff did not feel that they had a say in the running of the practice and felt that they were “shot down” in meetings when they asked questions about the running of the practice. There was a clear division between partners and this manifested itself in staff taking sides and morale being very low.

Vision and strategy

There was no clear vision or guiding values.

- Staff were not aware of or did not understand the vision and values.
- The practice did not have a mission statement displayed in the waiting areas and staff were not aware of the practice vision.
- The practice had a strategy and supporting business plan but this was not documented or widely communicated which caused uncertainty amongst staff who were unclear how the service provision would be in the future.

Culture

The leadership, governance and culture did not always support the delivery of high-quality person-centred care.

- Staff stated they did not always feel respected, supported and valued.

- Staff satisfaction was mixed. Improving the culture or staff satisfaction was not seen as a high priority. Staff did not always feel actively engaged or empowered. There was some evidence of divides between groups of staff.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they did not always feel able to raise concerns and were not encouraged to do so.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety.
- We saw evidence of meeting minutes where staff asked questions relating to practice changes which they felt could be detrimental to patient's treatment, and these were ignored.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. One of the partners was the diabetes lead.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.

Are services well-led?

Requires improvement 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints. However staff told us that comments made about the running of the practice were not welcomed.
- Staff were asked to arrange their own cover when on annual leave.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- The practice used performance information which was reported and monitored and management and staff were held to account.

- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public and external partners to support high-quality sustainable services.

- A full and diverse range of patients' and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active patient participation group who met bi monthly.
- Staff did not always feel that their views on improvements for the practice would be listened too.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

- The practice was involved with a Prime Ministers Challenge Fund project in Tower Hamlets to improve access to GP out of hour's services.
- The practice trained registrars and medical students and engaged in the practice nurse training programme initiative.
- The practice undertook the Year of Care (YoC) programme (a six-week education course which puts patients with diabetes firmly in the driving seat of their care, and supports them to self-manage).