

Dr Joseph

Inspection report

42 Chase Cross Road
Romford
Essex
RM5 3PR
Tel: 01708 764991

Date of inspection visit: 16 January 2019 and 21
January 2019
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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?

Requires improvement



Are services well-led?

Inadequate



Overall summary

We carried out an announced comprehensive inspection at Dr Joseph Surgery Centre on 16 and 21 January 2019

At this inspection we followed up on breaches of regulations identified at a previous inspection on 31 August 2017.

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 clear systems, practices and processes to keep people safe and safeguarded from abuse.
- There were inadequate systems to assess, monitor and manage risks to patient safety.
- Staff did not have the information they needed to deliver safe care and treatment and this posed a serious risk of harm to patients
- Patients were put a serious risk of harm as a result because the practice did not have systems for the appropriate and safe use of medicines
- The practice did not have a system to learn and make improvements when things went wrong.
- Patients were put at serious risk of harm because national safety alerts were not being actioned and implemented by the practice.
- There were ineffective systems to assess, monitor and manage risks to patient safety.
- Recruitment checks were not carried out in accordance with regulations (including for agency staff and locums).
- The practice did not have a health and safety or premises risk assessment to ensure the building is safe for use by staff and patients.

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

- The evidence of summaries of patient problems within patients' records being incomplete and failure to appropriately clinically code patients, take action for medicine safety alerts. or follow up patient referrals and

identify a serious clinical event demonstrated the practice did not have the systems and processes in place to assess and meet patients immediate and ongoing needs or regularly review and update their care and treatment.

- There was limited monitoring of the outcomes of care and treatment. Clinical coding is required to provide accurate quality and outcomes framework (QOF) results. The lack of Clinical coding of patients healthcare needs meant that the QOF figures may not be a true reflection of the practice population healthcare needs. (Quality and Outcomes Framework (QOF) was a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions e.g. diabetes and implementing preventative measures. The results were published annually.)
- The practice was unable to demonstrate that staff had the skills, knowledge and experience to carry out their roles.
- Staff did not work together and with other organisations to deliver effective care and treatment.
- Staff were not consistent and proactive in helping patients to live healthier lives

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

- The practice did not have clear and effective processes for identifying, managing and mitigating risks to patients and staff.
- The practice did not act on or maintain appropriate and accurate patient information.
- The overall governance arrangements were ineffective.
- Leaders could not demonstrate that they had the capacity and skills to deliver high quality sustainable care.

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 treated did patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people. However, we found some patients were not given appropriate and timely information to cope emotionally with their care, treatment and condition.

Overall summary

- Patients were not always provided with the necessary information to enable them to be fully involved in decisions about care and treatment.
- Although the GP survey showed some improvements from the August 2017 report, the 2018 GP survey results were considerably lower than the CCG and national averages.

The practice was rated **requires improvement** for providing a responsive service because: -

- The findings in safe, effective and well led have impacted on the practice's ability to provide a responsive service.
- The evidence of summaries of patient healthcare needs within patients' records being incomplete and failure to appropriately clinically code patient's full diagnosis demonstrated the practice did not have the systems and processes in place to fully understand the needs of the patient population groups and respond to them appropriately.

- The practice did not have the ability to organise and deliver a service to meet patient needs.

On the basis of our findings we made an application to Barkingside Magistrate's Court on 25 January 2019 to urgently cancel the provider's registration under section 30 of The Health and Social Care Act 2008 on the basis that there were breaches of the 2014 Regulations which presented serious risks to people's life, health or well-being.

The provider's registration was cancelled with immediate effect subject to the providers right to appeal.

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

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

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 on the 16 January was led by a CQC inspector. The team included a GP specialist advisor, a practice manager specialist advisor and a second CQC inspector.
- Our inspection team on the 21 January 2019 was led by a CQC inspector supported by a second inspector and a GP specialist adviser.

Background to Dr Joseph

Dr Joseph Surgery is located at:-

42 Chase Cross Road Romford Essex RM5 3PR

The practice is registered with the CQC to carry out the following regulated activities - diagnostic and screening procedures, surgical procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury. At the time of the inspection the provider told us they no longer carry out surgical procedures at the practice.

The practice has a contract with the Havering Clinical Commissioning Group (CCG). The practice provides General Medical Services (GMS) for 2,664 (1,315 male, 1,349 female) patients.

The practice's clinical team is led by the provider (principal GP), who provides eight clinical sessions per week. A female GP provides one to two clinical sessions a week. A male locum GP provides one clinical session per week. A male long-term locum GP provides occasional sessions to cover the provider's absence.

The practice had two part-time receptionists for 20 hours a week, a practice manager/consultant for three to four hours a week. A new receptionist had commenced two

weeks prior to the inspection for 15 hours a week, and the practice manager/consultant said a new practice manager had been recruited for 30 hours a week, but had not started.

The practice is open for appointment 9:30am to 11:30am and 4:30pm to 6:30pm Monday to Friday with the exception of Wednesday when there are no appointments in the afternoon. One GP is working at each session.

When the practice is closed, out of hours cover for emergencies is provided by Havering GP Federation and NHS 111 services.

The practice catchment area is classed as being within one of the more less deprived areas in England. The practice scored six on the deprivation measurement scale; the deprivation scale goes from one to 10, with one being the most deprived. People living in more deprived areas tend to have greater need for health services.

National General Practice Profile describes the practice ethnicity as being 88% white British, 4% Asian, 5% black, and 2% mixed race and 0.4% other. race.

Average life expectancy is 79 years for men and 84 years for women compared to the national average of 79 and

83 years respectively. The general practice profile shows that 50% of patients registered at the practice have a long-standing health condition, compared to 48% locally and 51% nationally.

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Following this inspection a application was made to the Court for an Order for urgent cancellation of registration under Section 30 Health and Social Care Act 2008 (“the 2008 Act”). The provider did not appeal and the registration was cancelled on the 25 July 2019.</p> <p>This was because CQC considered that there was a serious risk to a person’s life, health or wellbeing.</p>
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