

# Carpenters Practice





## Inspection report

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London  
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Date of inspection visit: 30 April and 5 May 2021  
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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 well-led?	Inadequate	

# Overall summary

We carried out a focused unannounced inspection of the Carpenters Practice on 30 April and 5 May 2021, as a result of concerns raised with the CQC.

We previously carried out announced inspections at Carpenters Practice in 2015, 2018 and 2019 where the practice was consistently rated good in all key questions and overall, and there were with no regulatory breaches.

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.

## How we carried out the inspection/review

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 differently. This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

At this inspection, we have rated the practice as **Inadequate** overall.

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

- In response to the coronavirus (COVID-19) pandemic, we found the provider was not following Public Health England COVID-19 guidance.
- Arrangements for the prevention and control of infections were ineffective and standards of cleanliness and hygiene were not met.
- There was no effective COVID-19 patient or staff screening or action prior to or following a symptomatic staff member testing COVID-19 positive.
- We identified examples of unsafe clinical care, including in relation to administering vaccines, contraceptive pill checks and peak flows with no related risk assessments.
- The practice had not ensured effective medicines management which exposed service users to the risk of harm, including in relation to emergency medicines and refrigerated medicines.
- The practice had not ensured premises and equipment safety, including premises and equipment cleaning and not securing areas that posed risks to patients.

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

- The practice was unable to demonstrate that clinical and non-clinical staff had the skills, knowledge and experience to carry out their roles.
- There were no effective arrangements for the oversight of clinical care.

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

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

- Leaders could not demonstrate that they had the capacity and skills to deliver high quality sustainable care.

# Overall summary

- The practice culture did not effectively support high quality sustainable care. There was high staff turnover across clinical and non-clinical roles and no evidence of inductions for new staff members.
- There were no clear responsibilities, roles and systems of accountability to support good governance and management.
- The overall governance arrangements were ineffective. For example, the whistleblowing procedure. HR information was incomplete and unclear such as staff files and the staff rota.
- The practice did not have clear and effective processes for managing risks, issues and performance. Significant and extensive concerns that were raised by staff nine months prior to our inspection had not been resolved.
- Staff were unclear and unable to access fundamental information and protocols such as how to determine what types of appointment may be urgent, signs of sepsis, and significant events guidance.
- There was no effective process for identification, management and oversight of risk such as provider self-audits to evaluate quality and safety including patient access and complaints.

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).

Due to the seriousness of the concerns we issued the provider with a notice of possible urgent enforcement action on Friday 7 May 2021, under Section 31 of the Health and Social Care Act 2008. This notice offered the provider an opportunity to submit action plan evidence by Monday 10 May 2021 to reassure us that the risks we identified have been removed or are immediately being removed. The provider sent us a satisfactory time framed action plan and will be inspected again in accordance with risk and our regulatory functions to assess whether sufficient improvements have been made.

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.

The Carpenters Practice was taken over from the previous provider by AT Medics under a new contract on 1 July 2020 and AT Medics merged with another company in February 2021.

**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

<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 inspection team was led by a CQC lead inspector. The team included a GP specialist advisor and a Practice Nurse specialist advisor who spoke with staff and completed clinical searches and records reviews.

## Background to Carpenters Practice

Carpenters Practice has been run by AT Medics since 1 July 2020. AT Medics has a Chief Executive Officer, Managing Director, Chief Operating Officer and 6 Medical Directors one of whom is the CQC Registered Manager. A registered manager is a person who is registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. AT Medics merged with another company in February 2021.

The practice operates from three sites, two are within purpose-built premises; they are the Carpenters Practice at 236-252 High Street, Stratford, London E15 2JA; and a branch site Church Road at the Centre Manor Park, 30 Church Road, London E12 6AQ. The third branch site premises are within a renovated church building at St Luke's, 2 St Luke's Square, Canning Town, London E16 1HY.

The practice provides NHS primary medical services through an Alternative Provider Medical Services (APMS) contract to approximately 17,800 patients. An APMS contract is an alternative to the standard GMS contract used when services are agreed locally with a practice and may include additional services beyond the standard contract. Carpenters Practice is located within the NHS Newham Clinical Commissioning Group (CCG) area.

The practice is registered with the CQC to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury.

Clinical staff consist of five female salaried GPs (collectively working 29 sessions per week), a male salaried GP (eight sessions per week), one Non-Prescribing Pharmacist (18 hours), two Physicians Associates (75 hours), and one Health Care Assistant (37.5 hours). The practice had recruited two Practice Nurses to work a total of 75 hours per week, one had started and was in training and the other was due to start in May 2021. Non-clinical staff include a Regional Manager (working 15 hours per week), a full time Practice Manager, three Assistant Practice Managers and a team of 20 administrative and reception staff.

The practice's opening hours are 8am to 6.30pm Monday to Friday and appointments with are available throughout the day. The practice offers extended hours' appointments between 6.30pm and 8pm Monday to Friday. Appointments can

be booked online, some being available the next day. Urgent appointments are also available for patients who need them. Patients telephoning when the practice is closed are transferred automatically to the local out-of-hours service provider. Information regarding this is given on the practice website and the practice leaflet, together with details of the NHS 111 service.

Information published by Public Health England rates the level of deprivation within the practice population group as two, 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 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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Care and treatment must be provided in a safe way for service users.</b></p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• Lack of Infection Prevention and Control, during the COVID-19 pandemic. Including unmanaged public entry to the premises, lack of patient and staff screening and testing, lack of cleaning of premises and equipment, and lack of follow up after a staff member tested positive for COVID-19, and peak flow meter testing with no risk assessments.</li><li>• Lack of staff qualification, training, skill and competence in accordance with role including Infection Control, AT Medics Medical Assistants and related process, contraceptive pills reviews, SEPSIS signs or symptoms and were unclear about what might require urgent or emergency treatment, lack of staff induction.</li><li>• Unsafe management of medicines including vaccines administration, refrigerated and emergency medicines, PGDs and PSDs, unsecured medicines accessible to patients.</li><li>• Ineffective clinical oversight.</li><li>• Unsecured areas with hazards accessible to patients including plant room and clean utility.</li></ul> <p><b>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p>

# Enforcement actions

Treatment of disease, disorder or injury

**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:**

- Infection Prevention and Control, including in response to the coronavirus (COVID-19) pandemic. For example, protocols for entry to the premises, patient and staff screening and testing, cleaning of premises and equipment, positive for COVID-19 case, patient and staff COVID-19 screening, systems for risk assessment, audit and management, and lack of clinical input and follow up.
- Staff rota monitoring and planning and response to high staff turnover.
- Business continuity plan not available or effective at location level.
- Lack of leadership and management capability including following up on staffs reported concerns, arrangement for PSDs, staff induction, training and competence in accordance with role; to ensure safe medicines management including security, refrigerated medicines, emergency medicines, IT, risk management, and the whistleblowing process.
- Unclear and ineffective governance structures and a lack of leadership and clarity regarding delegated management accountability or authority including key areas such as Infection Control, Safeguarding, Complaints, and Health and Safety.
- No formalised or effective clinical leadership or structure including clinical oversight.
- Significant events including no policy and lack of staff awareness
- No systems to consider the duty of candour.
- Lack of effective systems to ensure staff training and competence in accordance with their role.
- Ineffective systems to update, store and retrieve policy/procedure/ protocols, including job descriptions and staff access to relevant information in accordance with their role.
- Ineffective systems for ensuring availability and distribution of essential resources such as sanitising wipes and hand gel
- Lack of sharing of and staff access to relevant information such as meeting minutes
- Ineffective HR arrangements including staff files and job descriptions

This section is primarily information for the provider

## Enforcement actions

- Patient records incomplete and not completed contemporaneously including consent
- Patient access including method of access and urgency of appointments, including for patients that may not access the service online
- Lack of comprehensive assurance systems to assess and mitigate risks and assess and improve quality including patients face to face appointments and access
- Gaps in processes to ensure health and safety including premises security, COSHH, and premises ventilation.
- Ineffective systems for complaints management

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