

# Barking Road Medical Centre

## Quality 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 service

Inadequate



Are services safe?

Inadequate



Are services effective?

Inadequate



Are services caring?

Inadequate



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Inadequate



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Barking Road Medical Centre on 1 December 2015. Overall the practice is rated as inadequate.

Our key findings across all the areas we inspected were as follows:

- Patients were at significant risk of harm because systems and processes were not in place to keep them safe. Clinical letters received by post were left in boxes and had not been acted on, in some cases for over six months. These included abnormal test results and requests for information in relation to safeguarding cases.
- Incidents were systematically under-reported and the practice was not always learning and improving when things went wrong.
- Patient records we reviewed were not always accurate or complete. This made it difficult to assess whether the practice was providing safe and effective treatment in line with recommended local and national guidelines in the cases we reviewed.
- The practice's reported performance was in line with national and local averages for example, in relation to child immunisations and the Quality and Outcomes Framework.
- Patient feedback was variable. We received positive comments about the service but also critical comments about problems with prescriptions. The 2016 National GP Patient Survey indicated patient satisfaction was poor with GP consultations and the service overall.
- The service was open for extended hours and patients reported being able to book appointments when needed. The GP principal was routinely arriving late for clinical sessions and had been doing so for months. Patients and staff were not alerted to the likely length of delays. Staff told us they had been subject to verbal abuse as a result.
- The practice had no system for documenting, analysing and learning from verbal complaints.
- The practice did not foster a supportive, learning culture. Staff were discouraged from raising concerns

# Summary of findings

about the service and fearful of the consequences. Many of the staff we spoke with were concerned that patients were not getting a high quality service from the practice.

The areas where the provider must make improvements are:

- Introduce robust processes for reporting, recording, acting on and monitoring all significant events, incidents and near misses.
- Ensure that patient records include all relevant information about patients' treatment and care in line with professional requirements.
- Ensure that governance arrangements include systems for dealing with all incoming clinical correspondence in a timely way.
- Ensure that prescription requests are acted on in a timely way and can be tracked.
- Ensure that staff understand the practice 'whistleblowing' procedure and their duty to escalate safety concerns if necessary.
- Implement a review of clinical sessions provided to ensure that they routinely start at the advertised time.
- Document verbal complaints and investigate and act on these as appropriate.
- Ensure the accountable person understands the legal requirements relating to running a practice, (including CQC registration requirements and notifications) and when to seek additional support.
- Clarify the leadership structure and ensure there is leadership capacity to deliver all improvements.

The areas where the provider should make improvements are:

- Provide the clinical team with more opportunities to review incidents, unusual cases and complaints and share learning.
- Ensure that reception staff are informed of any delays or absence of clinical staff.
- Improve patient survey findings by involving patients in decisions about their treatment and care.
- Demonstrate to staff that their concerns and ideas are discussed, taken seriously and addressed.

On 2 December 2015 we took urgent enforcement action to suspend Dr Samuel Olatigbe from providing general medical services at Barking Road Medical Centre under Section 31 of the Health and Social Care Act 2008 ("the Act") for a period of three months as a minimum to protect patients. We will inspect the practice again prior to the end of the three month suspension.

I am also placing this practice in special measures. Practices placed in special measures will be inspected again within six months. If insufficient improvements have been made so a rating of inadequate remains 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 practice 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.

Special measures will give people who use the practice the reassurance that the care they get should improve.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as inadequate for providing safe services and improvements must be made.

- The practice had an incident reporting system. Incidents that were reported were investigated and the learning shared. However, staff were under-reporting incidents. We identified a number of incidents which had not been documented and not reviewed. The practice did not hold routine clinical meetings to review complaints, incidents and safeguarding cases and there were insufficient opportunities for learning. Staff were discouraged from reporting incidents because they did not believe the practice would respond.
- Patients were at significant risk of harm because systems and processes were not in place to keep them safe. In particular, the practice had a backlog of over 100 clinical letters going back to April 2015. We found evidence that this batch included letters with abnormal results or indicating other risks to patients which had not been appropriately followed up or documented in patient records.
- Practice processes for managing prescriptions were not managed effectively. Requests for repeat prescriptions were not always processed within 48 hours in line with practice policy. The practice had also changed some patients' prescription medicines without informing them of the change and the reason. The practice had been contacted by patients who were confused by the change to their medicine as a result.
- There was insufficient attention to safeguarding children and vulnerable adults. Staff recognised and acted appropriately when they had concerns about possible abuse. However the practice did not always respond to written requests or information from other agencies in regard to safeguarding cases or vulnerable patients.

Inadequate



### Are services effective?

The practice is rated as inadequate for providing effective services and improvements must be made.

- Care and treatment was not always delivered in line with current professional, evidence-based standards and guidelines and in some cases we were concerned that basic care and treatment requirements were being not met.

Inadequate



# Summary of findings

- The practice failed to monitor individual patients' outcomes of care. For example, we could not find evidence that abnormal test results were always followed up.
- Reported practice performance was comparable to local and national averages. The practice used the Quality and Outcomes Framework (QOF) to monitor its performance.
- The practice had conducted some clinical audit and local benchmarking but did not have a meaningful improvement programme prioritised by risk.
- The practice did not hold routine internal clinical meetings to review and reflect on care and practice. There were insufficient opportunities for communication and learning within the staff team.
- The practice did not always act on information from other health and social services in a timely way. We saw letters from local health services complaining about the quality of information the practice submitted when requesting diagnostic tests or referrals. Poor communications risked delaying patient treatment and leaving patients at significant risk.
- Staff received annual appraisals and permanent staff had opportunities for personal development and role-specific training. The clinical team did not regularly meet to reflect on their practice.

## Are services caring?

The practice is rated as inadequate for providing caring services and improvements must be made.

- We received positive comments from most patients during the inspection but data from the 2016 National GP Patient Survey showed patients rated the practice lower than others for the quality of GP consultations. Only 56% said the last GP they spoke to was good at treating them with care and concern.
- The practice sometimes made changes to patients' care without informing or involving the patients themselves. For example, the practice had recently changed a number of patients' medicines without informing them. This had led to verbal complaints.

**Inadequate**



## Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services and improvements must be made.

**Requires improvement**



# Summary of findings

- The practice reviewed the needs of its local population and provided a range of relevant services for a younger population, including long acting contraceptive implants and travel vaccinations.
- The 2016 National GP Patient Survey showed that only one in four patients reported being able to access their preferred GP. But the practice scored in line with or better than other practices locally on some other measures of accessibility. For example 87% of patients said they could get through to the practice easily by telephone.
- However, patients were frequently and consistently affected by late-running surgeries and this was a barrier to access. We met one patient, in distress, who had travelled from the provider's other practice in Plaistow. The patient was seeking help with an urgent problem because their GP had not arrived for a booked appointment at the Plaistow practice and reception staff at that practice had no information about the likely delay.
- Information about how to complain was available for patients. The practice provided information in a range of languages and the staff team were able to communicate in a number of locally spoken languages. Patients told us they appreciated this.
- There was a designated person responsible for handling complaints but verbal complaints were not documented and were not used as a source of learning.

## Are services well-led?

The practice is rated as inadequate for being well-led.

- The GP principal had a vision for the practice although this was not familiar to the wider staff team. There was little documented business planning and analysis of risks to achieve the longer term strategy.
- The practice was failing to keep accurate and complete patient records.
- There were clear failings in governance putting patients at risk. The practice was failing to act on known safety concerns. Incidents were under-reported.
- The practice had a number of policies and procedures to govern activity. The policies we saw were clear and up to date but were not always implemented in practice, for example repeat prescribing.
- The practice sought feedback from patients and had a patient participation group but had failed to respond to negative patient feedback for example to continued late running.
- Staff told us that the practice leadership was approachable but they had lost confidence that concerns would be addressed.

Inadequate



## Summary of findings

The practice culture did not support learning and improvement. Staff we spoke with were concerned about the quality and safety of the service but had not formally reported all concerning incidents within the practice or consulted other agencies, such as professional bodies. Staff feared the consequences of whistleblowing.

# 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

The practice is rated as inadequate for the care of older people.

The practice was rated as inadequate for being safe, effective, caring and well-led. The practice was rated as requires improvement for responsive care. The issues identified affected all patients including this population group.

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice participated in multidisciplinary meetings for older patients with complex needs.
- The practice identified carers on the electronic records system and signposted carers to local support groups and other relevant agencies.
- Flu vaccination uptake rates for the over 65s and patients in 'at risk' groups was better than the local CCG average. The practice also offered pneumococcal vaccination to eligible patients.
- The patient participation group included a number of older patients and carers.

Inadequate



### People with long term conditions

The practice is rated as inadequate for the care of people with long-term conditions.

The practice was rated as inadequate for being safe, effective, caring and well-led. The practice was rated as requires improvement for responsive care. The issues identified affected all patients including this population group.

- The practice nurse had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice was able to initiate insulin therapy for appropriate patients presenting with diabetes. The practice referred patients to education programmes to encourage effective self-management of the condition.
- Longer appointments and home visits were available when needed.
- Patients with long term conditions had an annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Inadequate





# Summary of findings

## Families, children and young people

The practice is rated as inadequate for the care of families, children and young people.

- There were systems to identify and follow up patients in this group who were living in disadvantaged circumstances and who were at risk. However information about children at risk was not always shared with relevant statutory agencies or updated in the electronic records in a timely way.
- Immunisation rates were good for standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way.
- Cervical screening uptake was in line with the national average at 70%.
- Appointments were available outside of school hours.

Inadequate



## Working age people (including those recently retired and students)

The practice is rated as inadequate for the care of working age people (including those recently retired and students).

The practice was rated as inadequate for being safe, effective, caring and well-led. The practice was rated as requires improvement for responsive care. The issues identified affected all patients including this population group.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible
- The practice was open outside of normal working hours and until 8pm every Wednesday.
- The practice offered online services as well as a range of health promotion and screening that reflects the needs for this age group.
- The practice had a younger than average practice population and provided a range of services suitable for this group such as, family planning services including long acting contraceptive implants.

Inadequate



## People whose circumstances may make them vulnerable

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable

The practice was rated as inadequate for being safe, effective, caring and well-led. The practice was rated as requires improvement for responsive care. The issues identified affected all patients including this population group.

Inadequate



# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

## People experiencing poor mental health (including people with dementia)

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia).

The practice was rated as inadequate for being safe, effective, caring and well-led. The practice was rated as requires improvement for responsive care. The issues identified affected all patients including this population group.

- Performance for mental health related indicators was similar to the national average. For example, 79% of practice patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan.
- All practice patients diagnosed with dementia had a face-to-face review in the preceding 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Inadequate



# Summary of findings

## What people who use the service say

The latest national GP patient survey results were published in January 2016. The results showed the practice had mixed results compared to local and national averages. Three hundred and ninety-eight survey forms were distributed and 82 were returned. This represented 21% of the practice's patient list.

- 87% found it easy to get through to this surgery by phone compared to the local Clinical Commissioning Group (CCG) average of 61% and a national average of 73%.
- 77% were able to get an appointment to see or speak to someone the last time they tried (CCG average 76%, national average 85%).
- 63% described the overall experience of their GP surgery as fairly good or very good (CCG average 76%, national average 85%).
- Only 49% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 66%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards the majority of which were positive about the standard of care received and described the service as caring and friendly. Four of the comments cards were more critical however and three described problems patients had recently experienced with obtaining prescriptions for medicines.

We spoke with nine patients during the inspection including four members of the patient participation group. Some of these patients said they were happy with the care they received and thought staff were approachable, committed and caring. However, we found that clinical sessions commonly started, and continued to run late with frequent delays of over 30 minutes. Patients and staff told us this was a regular occurrence. One patient and one carer were also concerned about the quality of care they or a family member were receiving from the practice and delays obtaining prescriptions. The patient participation group members were more positive about the service and described the principal GP as responsive to their views.

# Barking Road Medical Centre

## 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 a second CQC inspector.

## Background to Barking Road Medical Centre

Barking Road Medical Centre provides services to approximately 2900 patients in the East Ham area of Newham. At the time of the inspection, the practice also operated from a nearby branch surgery at 154 High Street South, E6 3RW which was due to close permanently from December 2015. The GP principal was also running another practice in Plaistow in North East London which was not included in this inspection.

The practice is owned and led by an individual GP principal through a General Medical Services contract. The GP principal (male) provides five clinical sessions over 2.5 days per week. The practice contracts with two regular locum GPs (one male and one female) who also each provide four sessions per week and a part-time practice nurse (female). An additional doctor provides occasional sessions on a locum basis as the need arises. The practice employs a practice manager, business manager and a small team of administrators and receptionists who worked in the Barking Road and branch surgery sites but were not involved with the provider's other practice.

The practice is closed over the weekend. Surgery hours during the week were as follows:

Barking Road Surgery

- Monday 10am-12noon; 4.30pm-6pm
- Tuesday 10am-12noon; 4.30pm-6pm
- Wednesday 10am-12noon; 3.30pm-8pm
- Thursday 10am-12noon; 3.30pm-6pm
- Friday 10am-12noon

High Street South Branch Surgery (due to close from December 2015)

- Monday 8am-10am; 6pm-7pm
- Tuesday 8am-10am; 6pm-7pm
- Wednesday 8am-10am; 6pm-7pm
- Thursday 8am-10am
- Friday 8am-10am; 5pm-6pm

The practice has introduced an electronic appointment booking system and an electronic prescription service. The practice is accessible to people with disabilities although there is no patient parking on site. The practice has a website and an active patient participation group.

Out of hours primary care is contracted to a local out of hours care provider. The practice provides patients with information in the practice leaflet, on the website, and on an answerphone about how to access urgent care when the practice is closed. Patients are advised to telephone the '111' helpline in the first instance.

The practice population is younger than the English average with higher proportions of children and adults aged under 35 years. Income deprivation levels and unemployment rates are also higher than average. Around half of the practice population is estimated to have a

# Detailed findings

health condition limiting daily life, and the prevalence of diabetes and conditions associated with heart disease are also relatively high. The local population is culturally and ethnically diverse.

The practice is registered to provide the following regulatory activities: family planning; maternity and midwifery services; diagnostic and screening procedures; and treatment of disease, disorder or injury.

The practice was taken over by the current provider in October 2014 but this change was not registered with CQC until July 2015. (The previous provider was inspected in October 2013.) Running a primary care medical service while unregistered is an offence under Section 10 of the Health and Social Care Act 2008, raising concerns about the management of the practice. The practice was therefore prioritised for a comprehensive inspection within six months of its registration.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 1 December 2015 to the Barking Road surgery. We did not visit the branch practice as it was due to close within three weeks. During our visit we:

- Spoke with a range of staff, including the GP principal, the practice nurse, the business manager, the practice manager and receptionists.

- Observed how patients were greeted at reception.
- Observed the premises, facilities and equipment used to provide the service.
- Reviewed a sample of 20 personal care or treatment records of patients.
- Spoke with nine patients and carers who used the service including four members of the practice patient participation group.
- Reviewed 39 comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed a range of practice documents including policies, procedures and evidence of monitoring checks and meeting notes.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was a system in place for reporting and recording significant events but we had concerns about the extent to which reporting and learning was embedded in the culture of the practice.

- Staff told us they would inform the practice manager or GP principal of any incidents.
- There was a recording form available on the practice computer system. Staff we spoke with were aware of the practice policy and process for recording events.
- We reviewed three significant events which had been documented. In these cases, the practice had carried out an analysis and was able to provide evidence of action taken. For example, due to a mix up involving labels, an abnormal blood test result had been returned without patient identifying details. The hospital trust which had processed the test led the joint investigation of the incident with the involvement of the practice. The practice undertook a thorough audit of its records and succeeded in identifying the patient concerned within 24 hours. The patient was contacted and the error explained and the test was redone. The whole practice team met to review the event and the practice consequently changed its process for handling blood test samples to prevent the recurrence of this type of incident.
- However, not all incidents, events or near misses were being systematically reported and opportunities for learning were being missed. For example, we were told about repeated incidences of surgeries starting late, leading to verbal complaints from patients and in some cases, patients leaving before being seen. In another instance, a staff member told us they had verbally raised concerns about the combination of medicines a patient had been prescribed. In these cases, incidents and verbal complaints had not been documented as such and there was no evidence they had been acted on.
- There were no regular clinical meetings taking place at the time of the inspection. This limited opportunities for the staff team to share and learn from safety information and for the practice to develop a more open culture in relation to incident reporting.

The practice manager had a system for electronically forwarding national patient safety alerts and other safety information to relevant staff members. Individual clinicians were responsible for implementing alerts as appropriate.

### Overview of safety systems and processes

The practice had defined systems and processes in place to keep patients safe.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead and liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken every six months. The most recent audit did not identify any issues requiring action.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice had structured induction programmes for new members of clinical and non-clinical staff and temporary staff.

However we had concerns about the adequacy of other safety procedures.

Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The GPs and practice nurse were trained to 'level

## Are services safe?

3' in child protection. The practice nurse was able to give us an example where she had identified a patient at risk of sexual abuse and raised an alert. The patient was safeguarded as a result.

We were told the practice had a relatively high number of 'at risk' children on the practice list. The GP principal said they attended safeguarding meetings and case conferences when possible and they were aware of related issues and risks for example, the possibility of female genital mutilation. However we found requests from social services for information about patients at risk which did not appear to have been responded to.

- We saw two examples of letters from the NHS health visitors requesting information in relation to children at risk. When we reviewed the relevant patient records, there was no reference to the requests or evidence that the practice had responded. The letters had not been scanned into the system.
- We saw a letter from a school alerting the practice that they now had the lead responsibility for the health care for a young person under a child protection plan who was leaving school. There was no evidence of any action in the patient record despite the letter being received six months previously. The letter was not scanned into the electronic system.

The practice had procedures in place for obtaining, storing and handling medicines safely and securely, including emergency drugs and vaccinations. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines, such as immunisations, in line with legislation.

However feedback from comment cards and patients we spoke with suggested patients sometimes experienced problems in obtaining prescriptions. We also found that some patients' medicines had been changed without any discussion with them.

In one example, a patient had been prescribed a new medicine in August 2015. The doctor writing the prescription had noted on the patient records that the patient needed to be informed of this change. However there was no system in place for alerting reception that they needed to do this. The uncollected prescription had not triggered any review or follow-up until the patient attended a consultation in November. When the consulting

staff member asked the patient why they had not collected the prescription, the patient said they had assumed it was for another family member. This incident had not been documented as a significant event.

Staff confirmed there were delays and said they received verbal complaints as a result. Repeat prescriptions were supposed to take 48 hours to be actioned but there was no system in place to take account of the fact that the doctors worked part time and might not be able to action prescriptions until they were next in the practice.

Clinical results and letters which were received electronically were tracked through the practice computer system and handled appropriately. Incoming letters marked 'urgent' were also prioritised for follow-up and tracked to ensure action had taken place.

The process of handling incoming letters by post presented a serious and significant risk to patient care. We were told letters were opened by the administrative staff, stamped with the date received and then passed to the GP principal. There were two boxes of letters in the doctor's room containing over 100 letters dating back to April 2015. We selected a sample of twenty and reviewed these patients' records to check if appropriate action had been taken, for example to follow-up abnormal test results and fulfil requests from social services in relation to safeguarding information. In 15 cases no action was apparent in the practice records. We discussed these cases with the GP principal. They told us they had acted on some of the letters but could not provide evidence of this. They acknowledged that they had a large backlog of clinical letters and as a consequence they had not followed up every case.

Significant concerns were reported by staff members (clinical and non-clinical) who reported losing confidence in the performance of a senior colleague. Staff had raised concerns with their colleague on a case by case basis. We were concerned that no other action had been taken to follow-up specific concerns, for example through the incident reporting system. We asked to see the whistleblowing policy. The practice manager was unable to locate this on the day of the inspection although they claimed it was available on the shared drive that all staff could access.

### Monitoring risks to patients



## Are services safe?

Environmental risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

### **Arrangements to deal with emergencies and major incidents**

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice did not have a comprehensive written business continuity plan in place for major incidents such as power failure or building damage. However, the staff had access to a wide range of contacts including emergency services and utilities in the event of a major incident. We were told this information was also available off-site. In the event of emergency closure, the practice was able to coordinate services with the sister practice run by the same provider (pending its registration with CQC).



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice had a backlog of clinical letters received by post and could not assure us that evidence based guidance and standards of care had been routinely followed for these cases. For example:

- A letter from a children's hospital received in June 2015 advised that the patient should receive an annual blood pressure and urine check. The letter had not been scanned into the system. There was no evidence of any action taken and no alert for regular monitoring had been added to the patient record. When asked, the GP principal accepted the letter should have been scanned in, a letter sent to patient and an alert added to the record.
- The practice had received an abnormal ECG result for a patient in April 2015. The patient record did not include any rationale for the referral. This result had not been scanned into the system and no further action was evident until the patient presented at the practice in August 2015 with chest pain. A second ECG referral was made with a referral to cardiology. There was no evidence in the notes that the referring doctor was aware of the previous ECG result. We asked the GP principal about this case. He told us that the patient would have been contacted but that was not documented on the system. The GP subsequently said the patient was abroad and that was why the patient did not attend earlier. There was no documentary evidence to support this account.
- Some of the patient records we reviewed suggested that treatment was not always in line with guidelines, for example, we reviewed one case where a patient had been prescribed a medicine in the form of patches despite already receiving another medicine with the same purpose in another form. This had continued for over a year despite repeated opportunities (for example, patient consultations) to identify and address the issue.

Staff had access to guidelines from the local clinical commissioning group and NICE and told us they used this information to deliver care and treatment that met peoples' needs. The practice generally monitored that guidelines were followed through standard performance reporting and CCG-led audits.

However, the practice sometimes failed to monitor individual patients' outcomes of care. For example, we could not find evidence that abnormal test results were always followed up. The practice did not always act on information from other health and social services in a timely way. We saw letters from local health services complaining about the quality of information the practice submitted when requesting diagnostic tests or referrals. Poor communications risked delaying patient treatment and leaving patients at significant risk.

The practice did not hold routine internal clinical meetings to review and reflect on care and practice. There were insufficient opportunities for communication and learning within the staff team.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95.3% of the total number of points available, with 4% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2014/15 showed:

- The practice was an outlier for one QOF clinical target. The ratio of reported versus expected prevalence for Chronic Obstructive Pulmonary Disease (COPD) was low at just 0.08% when adjusted for age and sex. The comparative national figure was more than seven times higher at 0.63%. This difference might be explained by the fact that below average numbers of the practice population smoked, but the practice had not investigated the variation further.
- Performance for diabetes related indicators was similar to the national average. For example, 75% of practice patients with diabetes had a recorded previous IFCC HbA1c measure of 64 mmol/mol or less in the preceding 12 months (this is a measure of how well blood sugar levels are controlled). The comparative national figure was 78%.

# Are services effective?

## (for example, treatment is effective)

- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average. (Practice 89%, national average 84%).
- Performance for mental health related indicators was similar to the national average. For example, 79% of practice patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan. (National average 88%).
- All practice patients diagnosed with dementia had a face-to-face review in the preceding 12 months. (National average 84%)
- The practice did not have an improvement programme prioritised by risk but it participated in local audits and national benchmarking. For example, we saw an example of a clinical audit of prescribing 'new drugs' for diabetes. This was a Clinical Commissioning Group-led project in which the practice participated.
- We saw one example where a significant event had triggered a clinical audit. This into ACE inhibitor therapy in the practice (ACE inhibitors are medicines used, for example, to treat high blood pressure). As a result the practice had identified two further patients who had not had appropriate monitoring within seven days of commencement of their treatment. As a result, these patients had been reviewed and the results of the audit discussed within the practice. The practice planned to carry out a second audit early in 2016 to ensure all patients were now being reviewed in line with guidelines.

### Effective staffing

Staff were appropriately qualified to deliver effective care and treatment.

- The practice had an induction programme for newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, the practice nurse was up-to-date with training on diabetes, contraceptive implants, travel vaccination and cervical screening. The nurse demonstrated how they stayed up to date with changes to immunisation programmes, for example by access to online resources.

- The learning needs of staff were identified through a system of appraisals. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was not always available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. Staff were aware of this but the issue had not been addressed. Only information received electronically or marked 'urgent', was being systematically scanned or uploaded into the relevant electronic patient records.

- The electronic record system included care and risk assessments, care plans, medical records and investigation and test results. The practice held information such as NHS patient information leaflets for patients to take away.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. However we saw correspondence from other services raising concerns that the practice did not provide adequate information when requesting referrals or test results. This issue was raised by two separate services in examples we saw and referred to repeated problems with the quality of information provided by the practice.

We saw evidence that the GP principal attended multi-disciplinary team meetings to discuss the care of patients with more complex and multiple health problems and that care plans were reviewed and updated.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

# Are services effective?

(for example, treatment is effective)

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear we were told that the GP or practice nurse would assess the patient's capacity and, record the outcome of the assessment. The practice did not have any recent examples.

## Supporting patients to live healthier lives

The practice identified patients who were more likely to be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice nurse provided cervical screening services within the practice. Seventy percent of eligible patients had attended for cervical screening within the relevant target

periods. This was comparable to the CCG average of 69% and the national average of 74%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice nurse (female) was available to provide cervical screening.

Childhood immunisation rates for vaccinations were in line with or better than the local CCG averages. For example in 2014/15, the practice had immunised 93% of babies in their 24 months with the 'five-in-one' vaccination (CCG average 94%). Ninety-one percent of two year-olds had received their first MMR vaccination (CCG average 91%) and 95% of five-year olds had completed their MMR booster vaccinations (CCG average 83%). Flu vaccination rates for the over 65s and patients in 'at risk' groups were better than the local CCG and national averages. The practice also offered pneumococcal vaccination to eligible patients.

Smoking cessation advice was available in the practice or through specialist services provided in the borough.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of reception staff were helpful to patients and treated them with respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff said if they believed patients wanted to discuss sensitive issues or appeared distressed they could usually offer to talk with them in a more private area to discuss their needs.

However, we had serious concerns about the extent to which the service was patient-centred. It became clear that late running of surgeries at the practice was a frequent and longstanding occurrence. The receptionists were not kept informed when the GP was running late and were unable to advise patients appropriately, resulting in frustration and verbal complaints.

We received 39 comment cards the majority of which were positive about the standard of care received and described the service as caring and friendly. Four of the comments cards were more critical however. Three described problems patients had recently experienced obtaining medicines.

We spoke with four members of the patient participation group. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Although we generally received positive comments from patients, the practice scored markedly below average for its satisfaction scores on consultations with GPs. It scored in line with local averages for consultations with the practice nurse and the helpfulness of receptionists however:

- 65% said the GP was good at listening to them compared to the CCG average of 83% and national average of 89%.

- 60% said the GP gave them enough time (CCG average 79%, national average 87%).
- 73% said they had confidence and trust in the last GP they saw (CCG average 91%, national average 95%).
- 56% said the last GP they spoke to was good at treating them with care and concern (CCG average 76%, national average 85%).
- 79% said the last nurse they spoke to was good at treating them with care and concern (CCG average 80%, national average 91%).
- 80% said they found the receptionists at the practice helpful (CCG average 80%, national average 87%).

### Care planning and involvement in decisions about care and treatment

Most patients we spoke with told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

We found that the practice sometimes made changes to patients' care without informing or involving the patients themselves. For example, the practice had recently changed a number of patients' medicines without informing them in advance. This had led to verbal complaints and increased the risk of patients' not taking their medicines as prescribed.

Results from the national GP patient survey showed practice scored variably on questions about patients' involvement in planning and decisions about care and treatment. Practice results were below local and national averages. For example:

- 77% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 90%.
- Only 55% said the last GP they saw was good at involving them in decisions about their care (CCG average 74%, national average 82%).
- 77% said the last nurse they saw was good at involving them in decisions about their care (CCG average 77%, national average 85%).

## Are services caring?

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

### **Patient and carer support to cope emotionally with care and treatment**

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families registered with the practice had suffered bereavement, the practice was able to provide advice on finding local support services.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with its patient participation group (PPG) to secure improvements to services where these were identified.

- The practice was open for extended hours for working patients and others who could not attend during normal opening hours.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Disabled facilities, a hearing induction loop and translation services were available. The staff team were also able to speak a number of languages commonly spoken in the local area.
- The practice ensured female clinical staff or female chaperones were available and offered as a matter of routine.
- The practice was not responsive to individuals' needs for example in relation to providing repeat prescriptions in a timely way and not dealing with referral letters received by post.

### Access to the service

The practice was open to book appointments from 8am until 7pm from Monday to Thursday, and from 8am until 2pm on Friday. The practice was closed over the weekend. Surgery hours were as follows:

#### Barking Road Surgery

- Monday 10am-12noon; 4.30pm-6pm
- Tuesday 10am-12noon; 4.30pm-6pm
- Wednesday 10am-12noon; 3.30pm-8pm
- Thursday 10am-12noon; 3.30pm-6pm
- Friday 10am-12noon

High Street South Branch Surgery (due to close from December 2015)

- Monday 8am-10am; 6pm-7pm
- Tuesday 8am-10am; 6pm-7pm
- Wednesday 8am-10am; 6pm-7pm
- Thursday 8am-10am
- Friday 8am-10am; 5pm-6pm

Results from the national GP patient survey showed that patients were generally satisfied with access to the service although few patients said they were able to see their preferred GP:

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 87% patients said they could get through easily to the surgery by phone (CCG average 61%, national average 73%).
- 25% patients said they always or almost always see or speak to the GP they prefer (CCG average 47%, national average 59%).

Patients we spoke with told us they were able to book appointments when they needed them. Several patients commented on being able to attend the practice in the early evening. The practice had also employed two locum doctors on a long-term basis to improve continuity of care.

Patients told us that they were frequently and consistently affected by late-running surgeries and this affected access to care. We met one patient, in considerable distress, who had travelled from the provider's other practice in Plaistow. The patient was seeking help with an urgent problem because their GP had not arrived for a booked appointment at the Plaistow practice and reception staff at that practice had no information about the whereabouts of the GP.

We reviewed ten random days on the appointment system going back to September 2015. The GP principal was between 30-60 minutes late arriving at his morning sessions on all but three of these days. On one occasion this had resulted in the practice postponing a home visit.

### Listening and learning from concerns and complaints

The practice had a policy in place for handling complaints and concerns.

- There was a designated responsible person who handled all complaints in the practice.

# Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system for example in the practice leaflet and on the website. The practice also sought feedback from patients with a suggestions and comment box in the reception area and had carried out a patient survey in 2015.
- The patient participation group described the practice as responsive to their comments and concerns. For example, the practice had improved the telephone system and the reception now remained open over lunch as a result of patient feedback.

The practice had not received any written complaints in the last 12 months. However, reception staff told us that they commonly received verbal complaints and negative comments. We also saw an email from one of the clinical staff requesting a clinical meeting to discuss verbal patient

complaints about the way that repeat prescriptions were being changed. One receptionist told us they had recently experienced a patient 'screaming' at them due to late running appointments.

The practice manager told us that they resolved verbal complaints by contacting the patients concerned, investigating and offering an apology and other resolution as appropriate. While this approach might address individual patient concerns, we found the practice was taking a reactive approach to verbal complaints. Verbal complaints were not routinely documented and opportunities for learning and prevention were being missed. The practice was also not doing enough to act on clear patterns of complaints, for example around late running surgeries or prescription issues.



# Are services well-led?

Inadequate 

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

## Our findings

### Vision and strategy culture

The GP principal told us of their vision to deliver high quality primary care services to the local community and, in the longer-term, expand the range of services provided to patients from the practice.

- The practice had a statement of purpose. Practice aims included the provision of high quality services; treating patients with dignity; and, working in partnership with patients and carers.
- The practice's business plans included the imminent closure of the branch surgery and consolidation of the staff team and services at the Barking Road surgery site. However there was little documented business planning and no written analysis of current risks to the service and how these would be managed, for example, the capacity of the GP principal to run this practice at the same time as running another practice as a sole provider in Plaistow. This was despite staff having raised concerns with the GP principal about continuing problems with patient care, for example the late running of surgeries.
- The GP principal was responsible for the strategic direction of the practice. We found that other staff members were unaware of the vision although they told us they were committed to providing good quality care. Most staff members we spoke with expressed concerns about whether the practice was currently achieving this.

### Governance arrangements

The practice had a governance framework in place but this was failing to ensure safety and quality of care.

- Staff were aware of their own roles and responsibilities within the practice.
- Practice specific policies were accessible to staff. The practice had designated leads for specific areas such as infection control. The practice nurse, practice manager and reception staff carried out appropriate monitoring checks and took action if any issue was found, for example with equipment or emergency medicines.
- The practice employed a practice manager, business manager and clinical data summariser to ensure that performance was reviewed. The practice nurse was

proactive in implementing effective systems to call patients for child immunisation, flu vaccination and cervical screening. Patient uptake for these services was good.

However we had serious concerns about governance. The practice was taken over by the current provider in October 2014 but this change was not registered until July 2015. Running a primary care medical service while unregistered is an offence under Section 10 of the Health and Social Care Act 2008.

Some aspects of governance were failing. For example, the practice system for managing 'non-urgent' clinical letters was chaotic with over a hundred letters piled in boxes without having been scanned into the electronic records. We were told in most of these cases, action had been taken or was not necessary, but there was nothing documented in the patient records or elsewhere to verify this. By the practice's own account, patient records were incomplete. The principal GP told us they had been coming in on weekends to clear the backlog of letters. However it was clear from the scale of the problem that they did not have the capacity to resolve the problem with the required urgency.

Electronic records we reviewed had not always been updated with relevant clinical information. These records were not accurate and not complete. Inaccurate patient records posed a risk of significant harm to patients.

We saw that reception staff had felt the need to implement their own backup system of keeping a copy of hospital letters brought in by patients (for example, listing medicines) before passing the original to the doctors for action. Staff had introduced this step because they told us that letters tended to get 'lost' within the practice causing delays and inconvenience to patients.

### Leadership and culture

The GP principal was a visible leader in the practice and staff told us the GP principal and managers were approachable. The practice held staff business meetings every six weeks which all staff, apart from the locum doctors, usually attended. However staff had lost confidence that concerns raised would be addressed. For example, staff said they had asked about the backlog of clinical letters but the situation had continued.



# Are services well-led?

Inadequate



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

The GP principal told us they encouraged openness and honesty. Staff told us they verbally raised issues with senior colleagues, but they had not formally documented and reported all such incidents within the practice, or considered going outside the practice to raise ongoing concerns about safety. They said they were discouraged by the lack of action.

Staff understood the concept of 'whistleblowing' and the practice told us they had a policy about this. Staff told us they feared the consequences of reporting concerns outside the practice.

At the time of the inspection, the clinical team did not have regular clinical meetings to review significant events, complaints, unusual cases, safeguarding and share other clinical matters. This seriously limited opportunities for learning and improvement. An open, reporting culture was not well-embedded in the practice.

## **Seeking and acting on feedback from patients, the public and staff**

The practice sought feedback from patients but did not always act on it.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and a suggestion box. There was an active PPG which met regularly, contributed to the development of the practice patient surveys and raised ideas for improvements. For example, following patient feedback, the practice had changed its opening hours with reception staying open over lunchtime. However, the practice was not identifying or responding to verbal complaints.
- The practice engaged with staff, for example through annual appraisals and staff meetings. But staff told us the practice did not always respond to suggestions for improvement or concerns. Staff did not have confidence in reporting systems and to effect change.

## **Continuous Improvement**

All staff members we spoke with (including the GP principal) recognised the practice was experiencing problems and could identify priorities, risks and areas for improvement. However, the practice had failed to address identified risks over a period of time and its capacity for continuous improvement was very limited.

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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Regulation 12. Safe care and treatment</b></p> <p>Care and treatment was not provided in a safe way for service users. The practice did not have effective procedures in place to ensure the safe management of medicines. In particular, the practice did not ensure that patients received prescriptions promptly and in line with practice policy.</p> <p>Regulation 12 (1)(2)(g)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p><b>Regulation 13: Safeguarding service users from abuse and improper treatment</b></p> <p>The practice was not protecting patients from abuse and improper treatment. This was because the practice did not have effective systems in place to respond promptly to requests or information from other statutory agencies about patients at risk of abuse.</p> <p>Regulation 13(1)(2)</p>
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><b>Regulation 17. Good governance</b></p> <p>The practice was not assessing, monitoring and improving the quality and safety of the services despite having identified risks to the safety of patients, for</p>

This section is primarily information for the provider

## Enforcement actions

example a backlog of clinical records. Patient records were not always complete and updated in a timely way. Clinical letters received by post were not being stored securely. The practice had not acted on patient and staff feedback about some longstanding issues, for example late running surgeries.

Regulation 17 (1)(2)(a)(b)(c)(e)(f)