

Upminster Medical Centre

Inspection report

224-226 St Marys Lane

Upminster

Essex

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Dates of inspection visit: 5 & 11 June 2020

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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 an unannounced focused inspection of Upminster Medical Centre on 5 June 2020 and a remote access clinical notes review on the 11 June 2020 as a result of concerns raised with the CQC.

At the last inspection in March 2017 the practice was rated as good overall.

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 gaps in systems to assess, monitor and manage risks to patient safety.
- Staff did not have the information they needed to deliver safe care and treatment as patient medical records did not contain sufficient information to ensure safe continuity of care.
- The practice did not have systems for the appropriate and safe prescribing of medicines.
- The practice did not have an effective system to learn and make improvements when things went wrong.

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

- Patients' needs were not assessed, and care and treatment was not delivered in line with current legislation, standards and evidence-based guidance.
- The practice could not demonstrate effective management for patients with long term conditions such as diabetes.
- The practice was unable to demonstrate that it always obtained consent to care and treatment in line with legislation and guidance.

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

- The practice could not demonstrate that they had the capacity and skills to deliver high quality sustainable care.
- The practice culture did not effectively support high quality sustainable care.
- The overall governance arrangements were ineffective as policies and procedures were out of date and were not followed consistently.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice did not submit statutory notifications to the commission in a timely manner.
- There was little evidence of systems and processes for learning and continuous improvement.

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.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration. Special measures will give people who use the service the reassurance that the care they get should improve.

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

Dr Rosie Benneyworth *BM BS BMedSci MRCGP*

Chief Inspector of Primary Medical Services and Integrated Care

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

On 5 June 2020, our inspection team was led by a CQC Inspection Manager who was accompanied by a GP

specialist advisor and a CQC inspector. On 11 June 2020, our remote access clinical review was led by two GP specialist advisors and was supported by a CQC Inspection Manager and CQC inspector.

Background to Upminster Medical Centre

Upminster Medical Centre is situated within NHS Havering Clinical Commissioning Group (CCG). The practice provides services to approximately 4,200 patients under a General Medical Services (GMS) contract (an agreement between NHS England and general practices for delivering primary care services).

The practice is registered with the CQC to carry on the following regulated activities: Diagnostic and screening procedures; Family planning; Maternity and midwifery services; Surgical procedures; and Treatment of disease, disorder or injury.

The clinical team at the practice consists of one male GP partner and two female GP partners, collectively providing 18 clinical sessions per week. There are two female practice nurses, collectively providing eight clinical sessions per week. Non-clinical staff include three practice managers and a team of reception and administrative staff members.

The practice is open from 7.45am to 6.30pm Monday to Friday, with appointments available as follows:

- GP appointments available from 9am to 11am and from 4.30pm to 6.30pm on Mondays, Tuesdays, Thursdays and Fridays, and from 9am to 11am on Wednesdays.
- Nurse appointments available from 9am to 12.30pm on Mondays and Thursdays, and from 9am to 12.30pm and from 4.30pm to 6pm on Tuesdays and Fridays.

Patients telephoning when the practice is closed are directed to the local out-of-hours service provider.

Information published by Public Health England rates the level of deprivation within the practice population group as 10, on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 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. National General Practice Profile describes the practice ethnicity as being 92.9% white, 3.7% Asian, 1.6% black, 1.5% mixed race, and 0.4% other ethnicities.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment We used our powers under section 31 of the Health and Social Care Act 2008 to impose urgent conditions on the provider registration to ensure action is taken to address the risks identified during the inspection.
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Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance We used our powers under section 31 of the Health and Social Care Act 2008 to impose urgent conditions on the provider registration to ensure action is taken to address the risks identified during the inspection.