

Custom House Medical, Teaching and Training Practice

Inspection report

16 Freemasons Road
London
E16 3NA
Tel: 02074762255
www.customhousesurgery.com

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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?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive?

Inadequate



Are services well-led?

Inadequate



Overall summary

We carried out an announced comprehensive inspection of Custom House Medical, Teaching and Training Practice on 10 October 2019 as part of our inspection programme.

The service was inspected on 23 January 2018 and was rated as inadequate overall. The practice was placed in special measures. Requirement notices were issued in relation to breaches of regulation 12 (safe care and treatment), regulation 13 (safeguarding service users from abuse), regulation 15 (premises and equipment), regulation 17 (good governance), regulation 18 (staffing) and regulation 19 (fit and proper persons employed).

The service was again inspected on 12 September 2018 and was rated as requires improvement overall. A requirement notice was issued in relation to breaches of regulation 12 (safe care and treatment).

At this inspection we followed up on breaches of regulations identified at the previous inspection in September 2018.

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 responsive services because:

- The practice's GP patient survey (GPPS) results for 2019 were below local and national averages for questions relating to access to care and treatment, and all the results were lower than the survey results from 2018, despite practice staff telling us at the previous inspection in September 2018 that measures had been put in place to improve low scores around access.
- Patient feedback indicated that it was very difficult to get through to the practice by telephone and to get an appointment.
- Staff we spoke to said the practice was understaffed and that this has impacted upon patients.

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

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

- Staff reported that leaders were approachable, however leaders could not demonstrate that they had the capacity and skills to deliver high quality sustainable care.
- There were weaknesses in the oversight of and accountability for governance from the GP partners, for example in terms of failing to register correctly with the CQC, with regards to the financial management of the practice and in relation to lack of appraisals for non-clinical staff.
- The systems for managing risks were not consistently effective, as some risks have not been identified or promptly dealt with by the partners, for example in relation to records security and the management of test results.
- There was a track record of the practice failing to comply with the regulations, as demonstrated at previous inspections in January and September 2018.

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

- Unsatisfactory electrical wiring, which had been tested in May 2018, had not been remedied.
- There was not a proactive approach to managing staff absences.
- The system for managing test results was ineffective and put patients at risk of harm.

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

- We rated the population group of '*Families, children and young people*' as **requires improvement** due to some 6-8 baby checks being carried out outside of the appropriate timeframe and low childhood immunisation data.
- We rated the population group of '*People with long-term conditions*' as **requires improvement** as performance data for this group was below national averages.
- Although we also found that the practice reviewed and monitored the effectiveness and appropriateness of the care and treatment it provided through clinical audits, and that staff had the skills, knowledge and experience to carry out their roles.

We rated the remaining population groups as **good** for providing effective services.

Overall summary

We rated the practice as **requires improvement** for providing caring services because:

- The practice's GP patient survey (GPPS) results for 2019 were below local and national averages for most questions relating to kindness, respect and compassion from clinicians.
- Although the practice had carried out its own patient survey, the only action to address low scores relating to this area was to recruit additional permanent clinicians.
- Some patients we spoke to during the inspection told us they do not feel involved in their care.

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).

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

- Improve the system for contacting and inviting patients for 6-8 baby checks to ensure they are carried out within the appropriate timeframe.
- Continue to work to improve performance for childhood immunisations and caring for patients with long-term conditions.

- Improve the arrangements for monitoring the work of the nurses, pharmacist and healthcare assistant and consider formal documented reviews of their consultations.

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

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor, a practice nurse specialist advisor, a practice manager specialist advisor, and a second CQC inspector.

Background to Custom House Medical, Teaching and Training Practice

Custom House Medical, Teaching and Training Practice is situated within NHS Newham Clinical Commissioning Group (CCG). The practice provides services to approximately 9,658 patients under a Personal Medical Services (PMS) contract (a locally agreed alternative to the standard General Medical Services contract used when services are agreed locally with a practice which may include additional services beyond the standard contract).

The practice has a website:
www.customhousesurgery.com

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

The clinical team at the practice consists of two male GP partners each providing eight

clinical sessions per week, one salaried GP currently providing four clinical sessions per week (although this is due to increase to six sessions), two long-term locum advanced nurse practitioners collectively providing 13 clinical sessions per week, two salaried practice nurses and one long-term locum practice nurse, one full-time healthcare assistant, and two full-time clinical

pharmacists (one directly employed by the practice and the other working through the Newham GP federation). There is a team of reception and administrative staff members, although at the time of the inspection, the practice did not have an employed practice manager in place; the previous permanent practice manager left the practice in August 2019, an interim practice manager consultant had been assisting the practice in August and September 2019 but left shortly before the CQC inspection, and on the day of inspection another interim practice manager consultant was supporting the practice. The practice no longer provides teaching for medical students or training for qualified GPs, however the name of the practice as registered with the CQC has not been updated to reflect this.

The practice is open Monday to Friday from 8am to 6.30pm, with appointments available from 8.30am to 12pm and from 2pm to 6pm every day. Extended hours appointments are provided on Mondays from 6.30pm to 8pm, Tuesdays and Fridays from 7am to 8am, Saturdays from 8am to 12 noon, and Sundays from 9am to 1pm.

Appointments include home visits and telephone consultations. 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 one, 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. National General Practice Profile describes the practice ethnicity as being 44.4% white, 18.5% asian, 27.9% black, 5.7% mixed race, and 3.6% other ethnicities.

This section is primarily information for the provider

Requirement notices

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 requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• The system to manage test results was ineffective and put patients at risk;• Electrical wiring safety issues had not been addressed. <p>These matters are in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>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:</p> <ul style="list-style-type: none">• Concerns around leadership capacity and capability.• Weaknesses in the oversight of and accountability for governance, for example in terms of failing to register correctly with the CQC, with regards to the financial management of the practice and in relation to lack of appraisals for non-clinical staff.• Systems for managing risks were not consistently effective, for example in relation to records security and the management of test results.• No effective systems or processes to seek and act on feedback from patients, as demonstrated through consistently low survey results.

This section is primarily information for the provider

Requirement notices

These matters are in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014