

Beechwood Medical Centre

Inspection report

86a Dalston Lane
London
E8 3AH
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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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection at the Beechwood Medical Centre (the practice) on 13 February 2020 as part of our inspection programme. It was the first comprehensive inspection of the newly-registered service. The service was registered with us previously as a partnership of two GPs and we carried out an annual review in August 2019. It is now registered as a service being provided by a sole practitioner.

Our inspection reports relating to the previous registration can be found by going to and selecting the Reports

At this inspection we have rated the provider as Requires improvement overall and in respect of the key questions Safe and Well-led and for the population group People with long-term conditions. We have rated it as Good for providing Effective, Caring and Responsive services and in relation to Older people, Families, children and young people, Working age people, People whose circumstances may make them vulnerable and People experiencing poor mental health.

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 found that:

- The practice did not have clear systems, practices and processes to keep people safe and safeguarded from abuse.
- Patients' needs were not always fully assessed, and care and treatment were not always delivered in line with current evidence-based guidance.
- There was insufficient evidence that all staff had received up-to-date training appropriate to their roles and responsibilities.
- Published data on clinical performance was mixed in relation to People with long-term conditions.

- The arrangements for governance and performance management did not always operate effectively.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- Feedback from patients was positive regarding caring and responsive aspects of the service.

The areas where the practice **must** make improvements are:

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Continue with efforts to improve outcomes for people with long-term conditions, the uptake of cervical screening tests and childhood immunisation rates.
- Continue with efforts to identify patients with caring responsibilities, so that appropriate support can be provided.
- Introduce and maintain a record of staff members' immunisation status, in accordance with PHE guidance and the practice's infection prevention and control policy.
- Introduce a system to monitor prescription forms used in the practice's three printers, in accordance with national guidelines on prescription security.

Following our inspection, the practice sent us evidence indicating that some of the issues we had highlighted had been addressed. 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

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

Our inspection team

The inspection team was comprised of a CQC lead inspector, a GP specialist adviser and a practice nurse specialist adviser.

Background to Beechwood Medical Centre

The Beechwood Medical Centre (the practice) operates at 86a Dalston Lane, London E8 3AH, and is registered with the CQC to carry out the following regulated activities - diagnostic and screening procedures; treatment of disease, disorder or injury; maternity and midwifery services; and family planning.

It provides NHS services through a General Medical Services (GMS) contract to approximately 4,200 patients. The practice area has a high deprivation level, being in the 2nd most deprived decile. Forty-five percent of patients are of BAME background.

The practice operates within the NHS City and Hackney Clinical Commissioning Group (CCG), which is made up of 41 general practices. The CCG practices work in six consortia; the practice is part of the Rainbow and Sunshine Consortium, with five others. In addition, it is part of the London Fields Primary Care Network (PCN), which was established subsequently and is made up of six practices.

The clinical team is made up of the registered provider, a male GP who works full time, a part-time long-term male locum GP working two days a week, and a part-time practice nurse, who works three days a week. The administrative team is made up of a practice manager and eight staff, one of whom is a phlebotomist, qualified to take patients' blood samples.

Reception hours -

Monday to Thursday 8:00 am – 6:30 pm

Friday 8:00 am – 8:00 pm

Saturday 8:00 am – 11:30 am

Consulting hours -

Monday to Thursday 8:00 am – 12:00 noon and 3:00 pm – 6:00 pm

Friday 8:00 am – 12:00 noon, 3:00 pm – 6:00 pm and 6:30 pm - 8:00 pm

Saturday 8:00 am – 11:30am

Telephone consultations

Monday to Friday 11:00 am – 12 noon

A walk-in clinic operates Monday to Friday between 8:00 am and 9:00 am, for which no appointment is required.

In addition to the extended hours service provided by the practice on Friday evening and Saturday morning, appointments are available at five CCG locations, from 6:30 pm - 8:30 pm, Monday to Friday and from 8:00 am - 8:00 pm on the weekends and public holidays, although the locations' opening hours vary.

The practice is closed on Sundays and has opted out of providing an out of hours service. Patients calling the practice outside normal operating hours are put through

to the local out of hours service provider. However, some callers may be able to contact practice clinical staff in emergencies via the phone up to 9:00 pm Monday to Friday.

Are services safe?

- The practice did not have clear systems, practices and processes to keep people safe and safeguarded from abuse.
- Patients' needs were not always fully assessed, and care and treatment were not always delivered in line with current evidence-based guidance.
- There was insufficient evidence that all staff had received up-to-date training appropriate to their roles and responsibilities.
- When something goes wrong, people receive a sincere and timely apology and are told about any actions taken to improve processes to prevent the same thing happening again.
- Staff recognise and respond appropriately to signs of deteriorating health and in medical emergencies.

Are services effective?

- Published data on clinical performance was mixed in relation to People with long-term conditions.
- Clinical audits are carried out and all relevant staff are involved. There is participation in relevant local audits and other monitoring activities, such as reviews of service and benchmarking.
- When people receive care from a range of services, this is co-ordinated. Staff work collaboratively to understand and meet the range and complexity of people's needs.

Are services caring?

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Feedback from patients is positive about the way staff treat people.
- Staff and patients work together to plan care and there is shared decision-making about care and treatment.
- Staff respond compassionately when people need help and support.

Are services responsive to people's needs?

- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- The needs of different people are considered when planning and delivering services.
- Waiting times, delays and cancellations are minimal and managed appropriately.
- It is easy for people to complain or raise a concern and they are treated compassionately when they do so. There is openness and transparency in how complaints are dealt with.

Are services well-led?

- The arrangements for governance and performance management did not always operate effectively.
- The vision and strategy have been developed with regular engagement with people who use the service and staff.
- The values of the service are driven to reflect compassion, dignity, respect and equality.
- Leaders model and encourage co-operative, supporting relationships among staff so that they feel respected, values and supported.

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users.</p> <p>How the regulation was not being met.</p> <p>The registered person 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">• We found two examples of patients being prescribed high-risk medicines without appropriate monitoring of blood test results. <p>There was insufficient evidence that all of the people providing care and treatment had the qualifications, competence, skills and experience to do so safely. In particular:</p> <ul style="list-style-type: none">• There were gaps in staff training records relating to safeguarding, fire safety, health and safety, the Mental Capacity Act and equality and diversity.

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>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met.</p>

This section is primarily information for the provider

Requirement notices

The systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided were not always effective. In particular:

- We were shown three separate safeguarding protocols and it was unclear which was in operation. Not all staff were able to access the documents easily, with them being saved in separate folders on the shared computer drive.
- Other governance protocols, introduced by the federation for use by local practices, had not been fully implemented.