

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.

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of this practice on 1 December 2015. At that inspection we found breaches of legal requirements and we issued an urgent suspension of the provider's registration for a period of three months to enable the provider to take action to improve while removing patients from the risk of harm. The provider informed us that they were taking action to remedy the breaches.

We undertook this focused inspection to check whether the practice was making progress in meeting legal requirements. This report only covers our findings in relation to those requirements. The report from our last comprehensive inspection can be found by selecting the 'all reports' link for Barking Road Medical Centre on our website at www.cqc.org.uk.

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

Summary of findings

- The practice had improved its approach to safety and had revised its policies and procedures and introduced new 'failsafe' procedures where appropriate.
- All outstanding test results and clinical letters were being systematically followed up and referred to other agencies and health professionals in line with current guidelines.
- The practice had considered its staffing needs and was in the process of securing locum GPs in readiness for reopening. It had safe recruitment procedures.
- The practice had demonstrated the ability to learn from critical findings about its performance and had addressed issues raised at the last inspection. The root cause of the original failures remained unclear.
- Shortly after our focused inspection visit, it became clear that the principal GP had withheld important information from their application to register as a provider with the Care Quality Commission. This reflected a serious failure of integrity in the leadership of the service.
- Patients remained at risk of harm at this practice.

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 had made improvements to its safety systems and processes following our previous inspection. These were now in line with legal requirements.

Are services effective?

The practice had strengthened its approach to clinical effectiveness. This was now in line with legal requirements.

Are services caring?

The practice was not providing a service at the time of this inspection and we were not able to assess this key question.

Are services responsive to people's needs?

The practice was not providing a service at the time of this inspection and we were not able to assess this key question.

Are services well-led?

The practice was able to demonstrate it had learned from previous inspection findings and had implemented changes in response. However, shortly after the inspection visit we discovered that the provider had withheld important information in their original registration application. This reflected a serious failure of integrity, which potentially exposes patients to ongoing risk of harm.

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

At the time of our comprehensive inspection on 1 December 2015, Barking Road Medical Centre provided services to approximately 2900 patients in the East Ham area of Newham. In December 2015, the practice closed its nearby branch surgery at 154 High Street South, E6 3RW as planned.

The practice was owned and led by an individual GP principal through a General Medical Services contract. At the time of our focused inspection on 1 March 2016, the practice was not providing a service. The GP had plans in place to reopen five days a week with three locum GPs (two male and one female) and a part-time practice nurse. The practice also employed a practice manager, business manager and a team of administrators and receptionists.

The practice premises were accessible to people with disabilities with all facilities, including a disabled toilet, being available on the ground floor. There were good public transport links but no patient parking on site. The practice had an active patient participation group.

The practice population was younger than the English average with higher proportions of children and adults aged under 35 years. Income deprivation levels and unemployment rates were also higher than average.

Around half of the practice population was estimated to have a health condition limiting daily life, and the prevalence of diabetes and conditions associated with heart disease were also relatively high. The local population is culturally and ethnically diverse.

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

Why we carried out this inspection

We carried out an announced comprehensive inspection of this practice on 1 December 2015. Breaches of legal requirements were found and we took enforcement action to enable the provider to improve while reducing the risk of harm to patients. The provider wrote to us informing us that they had remedied the breaches.

We carried out the focused inspection of this service on 1 March 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The focused inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

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. In particular we reviewed information shared with us by NHS England. We carried out a short notice visit on 1 March 2016. During our visit we:

Detailed findings

- Spoke with the GP principal, a locum GP, the practice nurse and the practice and business managers
- Reviewed a sample of the personal care or treatment records of patients
- Observed the premises and equipment
- Reviewed policy documents, written procedures, audits and other monitoring documents

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

The practice had made systematic improvements to safety and had introduced new 'failsafe' procedures where appropriate.

- The practice had reviewed and updated its incident reporting policy and procedure since our previous inspection. The practice had not been providing a service since then and so no significant or serious incidents had occurred. Staff we spoke with were aware of the updated policy and told us they would report incidents without delay. The locum GP told us they would report any clinical incident and had confidence that the managers would investigate appropriately.
- At our previous inspection we found that patients were at significant risk of harm. 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 which indicated other risks to patients) that had not been appropriately followed up or documented in patient records. At this inspection, we were told that many more clinical letters (over one hundred more) had been discovered about the premises. The practice had appointed a locum GP in mid-February 2016 to independently review all clinical letters and refer any that required further action to the neighbouring practice which was 'caretaking' patients registered at Barking Road Medical Centre during its closure. The locum GP told us they had found evidence of harm but were confident that all letters were now being systematically addressed. They showed us the

logs they kept as a check and evidence of their communication with other health professionals to ensure, for example, that test results were actioned or repeated as appropriate. The practice had implemented new systems such as, systematic electronic scanning of incoming post, to prevent a backlog of letters (including test results and requests for safeguarding information) to build up again.

- We found that the practice had appropriate policies and procedures in relation to safeguarding children and vulnerable adults. Staff were sensitive to the needs of the practice population and were aware of vulnerable children and adults and alert to warning signs. Staff were trained to an appropriate level on safeguarding and were able to give us examples of appropriate action they had taken in the past to safeguard patients at risk of abuse or neglect. The GP principal and practice managers told us that requests for information in safeguarding cases would be treated as a priority. The GP principal told us that they rarely attended safeguarding case conferences but would do so if given sufficient notice.
- Practice policies and processes for managing prescriptions had been reviewed and updated. There was a now clear procedure in place to track repeat prescription requests to ensure these were fulfilled in line with practice policy.
- The practice was in the process of recruiting locum GPs and had robust recruitment procedures and checks to ensure that temporary staff were suitable and appropriately qualified to work in the practice.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection we found that 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.

At the time of this focused inspection, the practice was not providing an active service. However it was able to demonstrate that all outstanding test results and clinical letters were being systematically followed up and referred to other agencies and health professionals in line with current guidelines. The principal GP had secured a locum GP to carry out this work. This GP was suitably qualified and experienced and had an awareness of the needs of the local practice population.

The principal GP was in the process of contracting with a number of locum GPs in readiness to restart the service, including both male and female doctors. The practice had revised their standard locum contract to require locum staff to participate in regular clinical meetings.

The locum GP told us that the managers were good at communicating and informing them of relevant changes and setting up systems to support the delivery of effective care, for example creating a documented audit trail for incoming post.

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. We were told this was a longer-term goal for the practice.

Staff received annual appraisals and permanent staff had opportunities for personal development and role-specific training.

Are services caring?

Our findings

The practice was not providing a service at the time of this inspection and we were not able to assess this key question.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The practice was not providing a service at the time of this inspection and we were not able to assess this key question.

Are services well-led?

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

Our findings

The practice had a clear leadership structure. The principal GP told us they now had greater capacity since the closure of the branch practice (and other business interests) to focus on running the practice at Barking Road. The practice had a clear vision to provide high quality care to local patients. Staff told us they were keen to restart the service and confident that the practice could provide a safe and caring service.

Governance particularly around safety and record keeping had improved. The practice managers had systematically reviewed practice policies in relation to prescribing, medicines management, safeguarding, whistleblowing and incident reporting. Policies were clearly written and tailored to the practice. The practice had also met as a team to discuss ideas and suggestions for improvement and implemented new procedures for tracking correspondence and workflow so that outstanding tasks were visible on the system and could be readily monitored.

The practice had considered its staffing needs and was in the process of securing locum GPs in readiness for

reopening. We found that the practice was planning on the basis of assumptions about the continuous availability of individual locum GPs that had not yet been confirmed and this remained a risk to the service. Continuity of care was also likely to be an issue for patients in the short to medium term.

The practice demonstrated the ability to learn from critical findings about its performance and had addressed the issues raised. However, the root cause of the original failures remained unclear. The principal GP told us they accepted responsibility for previous failings and were engaging constructively with agencies involved in investigating the wider circumstances.

Shortly after our focused inspection visit, it became clear that the principal GP had withheld important information from their application to register as a provider with the Care Quality Commission. This reflected a serious failure of integrity in the leadership of the service. Despite the improvements made to date, we were not assured that failures would not reoccur. Patients remained at risk of harm at this practice.

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

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 4 HSCA (RA) Regulations 2014 Requirements where the service providers is an individual or partnership

The provider withheld the information required for the Care Quality Commission to effectively carry out the 'fit person' test of their suitability to provide regulated activities.