

Essex Lodge i-Health Ltd

Essex Lodge Surgery

Inspection report

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Overall summary

We carried out a previous announced comprehensive inspection on 19 October 2017 to ask the service the following key questions: Are services safe, effective, caring, responsive and well-led?

We identified a breach of Regulation 17 HSCA (RA) Regulations 2014 Good governance and two areas the service should improve relating to safe, effective and well-led services. The full report on the 19 October 2017 inspection can be found by selecting the 'all reports' link for Essex Lodge Surgery on our website at www.cqc.org.uk.

This inspection was an unannounced focused inspection carried out on 1 May 2018 in response to concerns that were reported to us, and to check whether the practice had carried out their plan to address requirements relating to the breach in regulations we identified in the previous October 2017 inspection.

Our findings were:

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this service was not providing effective care in accordance with the relevant regulations.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

Background

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

At the last inspection on 19 October 2017 there were breaches of legal requirements due to concerns regarding arrangements for clinicians medical indemnity insurance, a lack of clinical quality improvement activity, and best practice clinical guidelines were out of date. In addition, there were areas the provider should improve for patients requiring prescribed medicines, storing patient paper records electronically, and to ensure adequate clinical staff cover.

At this inspection 1 May 2018 most of these arrangements had improved.

Dr Hardip Nandra is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

Our key findings were:

- Arrangements for patients requiring prescribed medicines had improved and were appropriate.
- Effective recruitment processes were in place and clinicians were appropriately insured.
- Clinical care was provided in line with best practice guidelines.
- There was no clinical quality improvement activity to improve patient outcomes.

- There were proper policies, procedures and activities that ensured safety and were accessible to all staff.
- Storage arrangements for patient's clinical records were appropriate.

We identified regulations that were not being met and the provider must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this service was providing safe care in accordance with the relevant regulations.

Effective arrangements were in place for recruitment, patient's prescriptions and staff access to policies including safeguarding and chaperoning.

Are services effective?

We found that this service was not providing effective care in accordance with the relevant regulations.

The service had systems to keep clinicians up to date with current evidence-based guidelines but there was no clinical quality improvement activity.

Are services well-led?

We found that this service was providing well-led care in accordance with the relevant regulations.

The provider had addressed the issues we identified at our previous inspection 19 October 2017.

Essex Lodge Surgery

Detailed findings

Background to this inspection

Essex Lodge Surgery operates under the provider Essex Lodge I-health Ltd that was formed in 2009 to facilitate clinical care delivery from a community based setting. Essex Lodge Surgery is part of a consortium of providers (Barts Health, Homerton Hospital, BMI, Essex Lodge I-health Ltd, the East London Foundation Trust, and Patient First Ltd) to deliver specialist musculoskeletal care and chronic pain management to patients in NHS Newham Clinical Commissioning Group (CCG). The services are provided under an NHS contract and include physiotherapy, acupuncture, steroid injections, spinal injections that are administered off site in a hospital setting, and chronic pain management including associated counselling and psychotherapy such as cognitive behaviour therapy (CBT). The service provides a variable amount of appointments ranging from 100 to 200 per month depending on factors such as the time of year and number of referrals from GPs within the local CCG area.

The service is registered with the Care Quality Commission to carry on the regulated activities of maternity and midwifery services, treatment of disease, disorder or injury, surgical procedures and diagnostic and screening procedures. It is situated in a three storey premises which it shares with a GP surgery called Essex Lodge.

The Essex Lodge GP practice was granted planning permission to extend the premises. This work was underway at the time of this inspection. All treatment and consultations provided by Essex Lodge Surgery under the provider Essex Lodge I-health Ltd were undertaken in consultation and treatment rooms on the ground floor. The staff team includes a range of clinical and non-clinical staff employed by either one of Barts Health NHS Trust, Essex Lodge I-Health Ltd or East London Foundation Trust. The staff team includes four GPs (three male and one female)

including the lead specialist GP who is the Director of Essex Lodge I-health Ltd. The GPs have a range of special interests in areas applicable to musculoskeletal care and chronic pain in areas including rheumatology, orthopaedics, and chronic pain management. In addition there are two consultant anaesthetists, a Cognitive Behaviour Therapist, and four physiotherapists and physiotherapy team leader. Non clinical staff are a full time operations manager and four administrators that work a range of part time hours. Essex Lodge Surgery patients were welcomed and checked in by Essex Lodge GP practice reception staff as part of services contracted by Essex Lodge I-health Ltd.

The services' opening hours are Monday to Friday from 9am to 5pm. Approximately two to seven clinical sessions run per week, according to patient need such as the number of patient referrals. On an average week there are likely to be a combination of five sessions from:

- Monday 2pm to 5pm or 6pm - Consultant anaesthetists' appointments.
- Thursday 2pm to 4pm - Chronic pain clinic with a specialist GP.
- Thursday 9am to 12pm - Physiotherapy clinic.
- Friday - Cognitive behaviour therapy for chronic pain 10am to 1.30pm and 3pm to 6pm.

- Alternate Fridays 2pm to 5pm - Specialist GP Orthopaedic appointments alternating with Specialist GP Chronic pain relief and musculoskeletal clinics.

- Saturday 9am to 12pm - Physiotherapy clinic.
- Saturday 9.30am to 12.30pm - Specialist GP clinic.
- Rheumatology clinics run every first and third Saturday morning of the month.

Data from public health England showed there were around 65,000 to 70,000 people with a musculoskeletal problem known to GPs in Newham, as at May 2017. The

Detailed findings

Index of Multiple Deprivation (IMD) score is the official measure of relative deprivation for small areas (or neighbourhoods) in England. The deprivation scores in England have been ranked from 1 (most deprived) to 209 (least deprived). The latest data release (2015) showed the Newham area was ranked the 22nd most deprived area out of 205 in England.

This inspection was unannounced and undertaken on 1 May 2018. The CQC inspection team consisted of a lead inspector, a GP specialist adviser, a second inspector, and a

pharmacist specialist. During the inspection we spoke with a lead partner doctor, the service manager, and non-clinical staff. This inspection was a focused inspection in response to concerns that were reported to us, and to check whether the practice had carried out their plan to address requirements relating to the breach in regulations we identified in the previous October 2017 inspection. We therefore inspected elements of safe, effective and well-led which formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

At our previous inspection on 19 October 2017 the service was safe although there were concerns due to lack of clinicians medical indemnity insurance, not all policies such as chaperoning and safeguarding adults were easily accessible to staff, and arrangements for patients prescriptions entailed delays.

Safety systems and processes

At our previous inspection 19 October 2017, recruitment checks had been undertaken prior to employment but there was no evidence to show all clinicians had sufficient medical indemnity insurance. We also found that staff were not able to easily access chaperoning and safeguarding adults policies.

At this inspection improvements had been made.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. Safeguarding and chaperoning policies were easily accessible to staff.

- We reviewed personnel files and found appropriate recruitment checks had been undertaken prior to employment including ensuring all clinicians had sufficient medical indemnity insurance.

Safe and appropriate use of medicines

At our previous inspection 19 October 2017, service prescribers did not issue prescriptions directly to patients but issued a documented prescription request for patients to take to their own GP practice which entailed a delay.

At this inspection improvements had been made.

- Systems for issuing prescriptions had been updated to ensure the GP the patient is registered with was able to receive details of electronic prescription requests and repeat medicines immediately and directly from the service. These improvements removed delays and the need for patients to take a paper copy prescription request to their own GP.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 19 October 2017 the provider was in breach of regulations because there was no evidence of clinical quality improvement activity and the service was referring to best practice care practice guidelines that were out of date.

At this inspection, arrangements for best practice care practice guidelines were in place but there remained no evidence of clinical quality improvement activity.

Effective needs assessment, care and treatment

- The practice had systems to keep clinicians up to date with current evidence-based practice guidelines which it operated in partnership with its consortium providers.

Monitoring care and treatment

- When we inspected the service in October 2017 we saw two single cycle audits had been undertaken. Since then there had been two further single cycle audits, but no completed two cycle audits had been undertaken. Staff told us there were difficulties obtaining relevant data for auditing purposes from the IT system which was not in their control. We saw plans for completed cycle audits but there was limited evidence of clinical quality improvement activity and no evidence of improvements made as a result.

Are services well-led?

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

Our findings

At our previous inspection on 19 October 2017 the service was in the process of scanning paper based records onto its electronic patient record system, patients requiring prescribed medicines experienced delays, not all policies were readily available to staff, arrangements to ensure clinicians medical indemnity insurance were not effective, and a fundamentally applicable NICE best practice guideline was out of date.

At this inspection improvements had been made, all previous issues were addressed.

Governance arrangements

- There were proper policies and procedures and activities to ensure safety that were accessible to all staff.
- The provider had made good progress scanning paper based records onto its electronic patient record system.

Managing risks, issues and performance

- Arrangements to ensure clinical care in line with best practice guidelines had improved and were effective.
- The service had improved the process for patients requiring prescribed medicines that removed the need for patients transferring paper prescription requests and reduced delays.

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 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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">- Clinical quality improvement. <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>