Plashet Medical Centre

Inspection report

152 Plashet Road
Upton Park
London
E13 0QT
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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	Good
Are services effective?	**Good**
Are services caring?	**Good**
Are services responsive?	**Good**
Are services well-led?	**Requires improvement**

Overall summary

We decided to undertake an inspection of this service on 11 December 2019 following our annual review of the information available to us. This inspection looked at the following key questions; are services safe, effective, caring, responsive and well-led.

The practice was previously inspected in January 2017 and was rated as good overall. Our judgement of the quality of care at this service is based 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 good overall and good for all population groups.

We found that:

- Patients received effective care and treatment that met their needs and ongoing work was underway to improve and sustain areas of clinical performance including cervical screening and childhood immunisations.
- 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. Improvements had been made for patient's timely access to care and treatment that needed some further development and embedding.

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

- Most systems, practices and processes were effective such as for safeguarding and health and safety, but arrangements needed improving to ensure staff training and oversight of elements of clinical care and assessing and improving patient's satisfaction.

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

- 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:

- Continue to review and embed arrangements to ensure ongoing and sustainable improvement in clinical care indicators such as childhood immunisations and cervical screening.

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to Plashet Medical Centre

Plashet Medical Centre is based at 152 Plashet Road, Newham, London E13 0QT and provides GP services under a General Medical Services contract. The surgery has limited parking available directly in front of the building and there is step-free access from the street to all waiting areas and clinical rooms. Plashet Medical Centre is one of a number of GP practices commissioned by Newham Clinical Commissioning Group (CCG). It has a practice list of 4891 registered patients.

The practice is in the third most deprived decile out of 10 on the national deprivation scale. The practice has a higher percentage of unemployed patients (12%) compared to the local average of 11% and national average of 5%.

The clinical team includes two male GP partners collectively working four sessions weekly, two salaried GPs (one male one female) both working eight clinical sessions, a female clinical pharmacist working three days per week, two female practice nurses collectively working three sessions per week, and and a female healthcare assistant working full time five days per week. Non-clinical staff are a practice a practice manager working half time daily an equivalent of two and a half days per week, and a team of administrative and reception staff working a range of part and full time hours.

The practice is open Monday to Friday 8am to 6.30pm. On site appointments are available Monday to Friday 9am to 12pm and 3pm to 6pm. The local GP federation co-operative is open and provides off site appointments across the locality weekdays from 8am to 8pm. Extended hours are also offered through the GP co-operative scheme Monday to Friday 6.30pm to 10pm and from 9am to 5pm on Saturdays and Sundays. Outside of these hours, cover is provided by the NHS 111 service.

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 Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **There were no effective systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:** • Ineffective methods of assessing patient's satisfaction and improving where tending to below or below average. • Lack of oversight of staff training. • Insufficient methods to assure the competence of staff employed in clinical practice.