

# Boleyn Road Practice

## Inspection report


162 Boleyn Road  
Forest Gate  
London  
E7 9QJ  
Tel: 02085035656

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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?

Inadequate 

Are services effective?

Inadequate 

Are services caring?

Inadequate 

Are services responsive?

Inadequate 

Are services well-led?

Inadequate 

# Overall summary

Our initial announced comprehensive inspection of Boleyn Road Practice was carried out on 13 July 2018 where we rated the practice as inadequate and they were placed in special measures as breaches of regulation were identified in relation to medicines management, clinical governance, equipment safety, access to services, patient satisfaction, risk assessments and clinical oversight. We carried out a comprehensive inspection on 1 April 2019 to follow up on the breaches identified in the inspection in July 2018 and we extended the practice's period of special measures as there continued to be breaches in relation to patient satisfaction, access to services, and governance arrangements and the practice was unable to demonstrate that any changes made had been embedded.

This inspection on 4 December 2019 found insufficient improvements had been made and the quality of services provided at the practice had deteriorated.

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 safe services because:

- The practice did not have clear systems and processes to keep patients safe and safeguarded from abuse.
- There were insufficient processes for sharing learning.
- there was a lack of risk mitigation.
- There was no evidence of clinical oversight and supervision.
- The overall governance arrangements were ineffective.

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

- There were insufficient systems for clinical oversight and supervision.
- There were issues with quality improvement.
- The practice was unable to demonstrate that all staff had the skills, knowledge and experience to carry out their roles.
- Some performance data was significantly below local and national averages.

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

- There was continued limited action taken as a result of low national GP patient satisfaction results resulting in a continued poor experience for patients.

We rated the practice as **inadequate** for providing responsive services because:

- There had been little improvement with improving access to appointments at the practice.
- There was continued limited action taken to improve patient satisfaction with services provided.
- Evidence of shared learning from complaints was limited.

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

- There were no formal arrangements or effective processes in place for overall clinical oversight and clinical supervision.
- There was limited capacity and skills demonstrated by members of the management team.
- The practice did not have clear and effective processes for managing and mitigating risks including performance.
- The practice culture did not support honesty, openness and transparency.
- There were limited systems to act on and share information in response to patient satisfaction surveys.
- The overall governance arrangements were ineffective.

At this inspection insufficient improvements had been made at the practice such that the practice was rated inadequate overall for the second time in 18 months. 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 vary the provider's registration 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.

# Overall summary

**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

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

## Our inspection team

The inspection team included two inspectors who were supported by a GP specialist advisor and a practice nurse specialist advisor.

## Background to Boleyn Road Practice

Boleyn Road Practice is situated within Newham Clinical Commissioning Group (CCG) at 162 Boleyn Road, Forest Gate, London E7 9QJ, which we visited as part of our inspection. The practice provides services to approximately 6,000 patients under a General Medical Services (GMC) contract. It is registered with the Care Quality Commission to carry on the regulated activities of maternity and midwifery service, treatment of disease, disorder or injury, diagnostic and screening procedures and family planning.

The practice has one female GP partner who is absent from the practice leaving three regular locums to lead on clinical workstreams in her absence. There are a mix of male and female locum GPs who complete a combined total of on average 19 clinical sessions per week, there are three practice nurses who work a combined total of 22 hours per week and a health care assistant who works 24 hours a week. The practice also has a practice manager, a reception manager and a team of six reception and administration staff members.

The practice is open Monday to Friday between 8am and 6:30pm and appointment times are as follows:

- Monday 9:30am to 11:45am and 3:30pm to 5:10pm
- Tuesday 9:30am to 11:20am and 3:30pm to 5:20pm
- Wednesday 9:30am to 11:30am and 3:30pm and 6pm
- Thursday 9:30am to 11:30am and 3:30pm to 5:20pm
- Friday 9:30am to 11:30am and 3:30pm to 6pm

The practice is a part of the local GP co-operative which provides appointments to patients up to 8pm when the practice is closed.

The information provided by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 represents the lowest. The practice has a relatively low patient population of older patients compared to the local and national averages and the practice had a lower percentage of patients who had a long-standing health condition at 29% compared to the local average of 41% and the national average of 51%.