

Carpenters Practice

Inspection report

236-252 High Street
London
E15 2JA
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Date of inspection visit: 17 September 2021
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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	Inspected but not rated	●
Are services safe?	Inspected but not rated	●
Are services effective?	Inspected but not rated	●
Are services well-led?	Inspected but not rated	●

Overall summary

We previously carried out an announced inspection of Carpenters Practice on 30 April and 5 May 2021. At the inspection, we looked at The Carpenters Practice site only, and we found the practice was in breach of Regulations 17 Good governance and 12 Safe Care and Treatment of the Health and Social Care Act 2008. In line with the CQC's enforcement processes, we issued a warning notice which required Carpenters Practice to comply with the regulations by 31 August 2021.

The Carpenters Practice is currently rated as inadequate overall (inadequate for the key questions of Safe, Effective and Well-led).

The full report of the practice's previous inspection can be found by selecting the 'all reports' link for The Carpenters Practice on our website at www.cqc.org.uk.

We carried out this announced focused inspection on 17 September 2021 at the Carpenters Practice site to check whether the provider had addressed the issues in the warning notice and now met the legal requirements. At this inspection we found the breaches of regulation in our warning notices had now been complied with. This report covers our findings in relation to those specific areas, is not rated, and does not change the current ratings held by the practice.

How we carried out the inspection.

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend less amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A shorter site visit.

Our findings

We based our judgement of the quality of care at this service on a combination of:

- What we found when we inspected and information from the provider.
- A site visit.

Following our methodology we have not rated the practice at this inspection.

We found that:

At the inspection on 17 September 2021, we found the provider had commenced action to address the issues we identified at the previous inspection, however further work was required to embed this fully and demonstrate sustainability.

- Improvements were made to the standards of cleanliness and hygiene.

Overall summary

- The practice has systems in place in response to the pandemic.
- Improvements had been made to the systems for the appropriate and safe use of medicines. However, the safe transport of vaccines to patient homes required further improvements.
- Changes had been made to patients access.
- The practice had made some improvements to the systems to enable them to demonstrate that staff had the skills, knowledge and experience to carry out their roles. For example, the practice had implemented clinical supervision and staff had completed mandatory training.
- Three staff told us they felt supported by the management team, would feel comfortable raising a concern and felt changes and improvements had occurred at the practice following the previous inspection.
- Staff now had a reference document of who carried out the lead roles at the practice and an overall governance structure to refer to. However, further embedding was needed to enable staff to fully understand all the lead role responsibilities.

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

- Review the upholding of the cold chain transportation of vaccines when GPs carry out home visits.
- Help staff fully understand lead roles responsibilities.
- Maintain and continue to improve patient access.

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

Our inspection team

Our inspection team was led by a CQC lead inspector and a Practice Nurse specialist advisor who spoke with staff and reviewed records.

Background to Carpenters Practice

Carpenters Practice has been run by AT Medics since 1 July 2020. AT Medics has a Chief Executive Officer, Managing Director, Chief Operating Officer and 6 Medical Directors one of whom is the CQC Registered Manager. AT Medics merged with another company in February 2021.

A registered manager is a person who is registered with the CQC 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.

The practice operates from three sites, two are within purpose-built premises; they are:-

- Carpenters Practice at 236-252 High Street, Stratford, London E15 2JA.
- Church Road at the Centre Manor Park, 30 Church Road, London E12 6AQ.
- St Luke's, 2 St Luke's Square, Canning Town, London E16 1HY.

The practice provides NHS primary medical services through an Alternative Provider Medical Services (APMS) contract to approximately 17,800 patients. An APMS contract is an alternative to the standard GMS contract used when services are agreed locally with a practice and may include additional services beyond the standard contract. Carpenters Practice is located within the NHS Newham Clinical Commissioning Group (CCG) area.

The practice is registered with the CQC to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury.

Clinical staff consist of eleven GPs, one non-prescribing pharmacist, two physicians associates, six nurses and two health care assistants. Supported by a regional and practice manager and a team of administration and reception staff.

The practice's opening hours are 8am to 6.30pm Monday to Friday and appointments with are available throughout the day. The practice offers extended hours' appointments between 6.30pm and 8pm Monday to Friday. Appointments can be booked online, some being available the next day. Urgent appointments are also available for patients who need them.

Patients telephoning when the practice is closed are transferred automatically to the local out-of-hours service provider. Information regarding this is given on the practice website and the practice leaflet, together with details of the NHS 111 service.

Information published by Public Health England rates the level of deprivation within the practice population group as two, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. In England, people living in the least deprived areas of the country live around 20 years longer in good health than people in the most deprived areas.