

Five Elms Medical Practice

Inspection report

Five Elms Road
Dagenham
Essex
RM9 5TT
Tel: 02085171175
www.fiveelmsmedical.co.uk

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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

Requires improvement



Are services safe?

Good



Are services effective?

Inadequate



Are services caring?

Requires improvement



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection at Five Elms Medical Practice on 13 September 2018 as part of our inspection programme. At this inspection we rated the provider as requires improvement for the key questions of caring and responsive, which lead to an overall rating of requires improvement.

At this time no breaches of regulatory requirements were identified. The reports for all the previous inspections for Five Elms Medical Practice can be found by selecting the 'all reports' link for Five Elms Medical Practice on our website at

This inspection was an announced full comprehensive inspection undertaken on 6 November 2019.

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.

This provider remains rated as requires improvement overall

We rated the practice as **good** for safe service because:-

- There were systems and processes in place to ensure patients were kept safe .
- Staff had information they need to deliver safe care and treatment.
- The practice had a system in place to record significant events. Learning from these events was discussed with members of staff.

We rated the practice as **requires improvement** for caring, responsive and well-led services because:

- The most recent National GP Patient Survey results revealed mixed scores for the practice.
- The practice conducted in-house surveys, which identified areas of their service which required action to improve patient satisfaction.
- Not all complaints were dealt with in a timely manner and learning from complaints was not shared with all staff.

- The governance structure of the practice meant the management team did not have complete oversight of possible risks to practice.

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

- The practice did not have adequate systems in place governing the recording, monitoring and following up of inadequate screening results.

These areas affected all population groups, so we rated all population groups as requires improvement.

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

- Ensure care and treatment is provided in safe way to patients
- Ensure effective systems and processes to ensure good governance in accordance with the fundamental standards of care

Specific details on action required are listed at the end of this report. A warning notice was issued to the provider following this inspection undertaken on 6 November 2019. This was to ensure that the provider was aware of our concerns and that action was taken quickly to address these concerns and mitigate risks to patients.

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

- Review staffing levels at the practice to ensure that there is sufficient capacity to complete tasks in a timely manner.
- Undertake regular health and safety risks assessments.
- Continue with programme of recall to improve on the uptake of childhood immunisations.
- Continue to monitor and act upon in-house and National GP Patient Survey results to achieve positive patient satisfaction results.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Five Elms Medical Practice

Five Elms Medical Practice is a single location practice providing GP primary care services to approximately 4,000 people living in Dagenham in the London Borough of Barking and Dagenham. The practice has a General Medical Services (GMS) contract. A GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

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.

This information also shows Income Deprivation Affecting Older People is 30% which is comparable to the clinical commissioning group (CCG) average of 28% but significantly higher than the national average of 16%. Income Deprivation Affecting Children is 32% which is comparable to the CCG average of 32% and above the national average of 20%. The proportion of patients on the register aged 65 or over is significantly higher than the CCG average. Data from Public Health England shows that 28% of the practice population falls into this age group compared to the CCG average of 14%.

The practice is located in a purpose-built health centre which is shared with a dental practice and a team of health visitors. The practice shares reception and waiting areas with these services.

There are two male full time GPs and three part-time locum GPs. The GPs provide a combined average of 17 GP sessions per week. The practice has a practice nurse who provide six sessions per week. There is a full-time practice manager and five staff who share reception and administration duties.

The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder and injury and maternity and midwifery services.

The practice opening hours are:-

- 8am - 7:30pm (Monday, Wednesday)
- 8am - 6:30pm (Tuesday, Thursday, Friday)

Appointment times are:-

- 08:30am – 7:15pm (Monday)
- 08:30am – 2:30pm; 3:30pm – 6:00pm (Tuesday)
- 08:30am – 13:30pm; 14:00pm – 19:15pm (Wednesday)
- 08:30am – 11:30am (Thursday)
- 08:30am – 13:30pm; 14:00pm – 18:00pm (Friday)

Patients who are unable to make an appointment at the practice can make appointments at a local hub where same day GP appointments are available every weekday

evening between 6.30pm and 10:00pm, and 8:00am and 8:00pm on weekends. These appointments are available to everyone registered with a GP in Barking and Dagenham.

The practice does not open at weekends. Patients are directed to the out of hours provider for Barking &

Dagenham CCG. The details of the out of hours service are communicated in a recorded message accessed by calling the practice when it is closed and details can also be found on the practice website.

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

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

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The management team did not sufficient oversight of all clinical and administrative activities conducted.

Patient records were not always kept up-to-date. Patient records we reviewed for five end-of-life patients showed no recorded formal health reviews.

The practice did not hold complete records on staff immunity and training courses undertaken.

Regulated activity

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

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Not all staff members had received an annual appraisal.

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 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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity

Diagnostic and screening procedures

Maternity and midwifery services

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The practice did not effectively record, monitor and do any follow-up action on inadequate cervical screening results.