

Carpenters Practice

Inspection report

236-252 High Street
London
E15 2JA
Tel: 02085348057

Date of inspection visit: 01 March 2022
Date of publication: 07/10/2022

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 safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Requires Improvement	

Overall summary

We carried out an announced focused inspection at Carpenters Practice on 01 March 2022. Overall, the practice is rated as Good.

Set out the ratings for each key question;

Safe - Good

Effective - Good

Caring - Good

Responsive - Good

Well-led – Requires improvement

At the last inspection, the caring and responsive key questions were rated good. **These ratings have been amalgamated with the ratings of this inspection.**

We previously carried out an unannounced inspection on 30 April and 5 May 2021 as a result of concerns raised with CQC, 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 served a warning notice which required Carpenters Practice to comply with the regulations by 31 August 2021.

The practice was rated Inadequate overall (inadequate for key questions Safe, Effective and Well Led):

We carried out an announced focused inspection on 17 September 2021 at the Carpenters Practice site to check whether the provider had addressed the issues in the warning notices and now met the legal requirements. At that inspection we found the breaches of regulation in our warning notices had been complied with.

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

Why we carried out this inspection

This was an announced focused inspection which involved undertaking a site visit and a remote records review to follow up on breaches of regulations. We looked at Safe, Effective and Well Led key questions.

The data and evidence we reviewed in relation to responsive key question as part of our inspection did not suggest we needed to review the rating for Responsive and Caring at this time. The rating for Responsive and Caring remains rated as good.

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.

Overall summary

This inspection was carried out in a way which enabled us to spend a minimum 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:

- Conducting staff interviews using video conferencing
- Completing remote clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A 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
- 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;

- At this inspection we found that safety issues previously identified had been addressed. However, there were some areas where control measures had been put in place to manage risk but leaders did not have oversight, for example oversight of the prescribing protocol.
- The practice managed patients on high-risk medicines according to evidence-based guidance.
- Although the practice had a documented approach to managing test results, we found it had not always been implemented effectively. For example, it was not clear that prescribers had checked monitoring was up to date and determined it was safe to prescribe.
- Risks associated with the premises were well managed and the provider had oversight of those risks managed by a third party.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care. However, overall governance arrangements in place required improvement.
- There was a programme of quality improvement and performance analysis. Staff attended regular quality meetings to monitor performance.

We found a breach of regulations. The area where the provider **must** make improvements is:

- 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 provider **should**:

Overall summary

- Continue to implement a programme to improve uptake for cervical screening and childhood immunisations.
- Improve compliance with policies and procedures; for example, the prescribing policy.

I am taking this service out of special measures. This recognises the significant improvements that have been made to the quality of care provided by this service.

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 who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who completed clinical searches and remote records reviews without visiting the location. Two team inspectors and a Nurse specialist advisor supported this inspection. They spoke with staff and carried out a site visit

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 provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury and surgical procedures.

The practice operates from three sites, two are within purpose-built premises. Patients can access services at any of these surgery sites;

- 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 21,000 patients. An APMS contract is an alternative to the standard General Medical Service 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, surgical procedures and treatment of disease, disorder or injury.

Clinical staff consist of eight full time GPs, one non-prescribing pharmacist, two physicians associates, three nurses and two health care assistants. The team is supported by a regional manager and a practice manager and two assistant practice managers. There is a team of administration and reception staff.

The practice's opening hours are 8am to 6.30pm Monday to Friday and appointments 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.

The practice is part of a wider network of GP practices Leaside PCN.

In Newham, deprivation levels are significantly higher than the England average. Information published by Public Health England shows that deprivation within the practice population group is in the second lowest decile (two of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 45.1% Asian, 27% White, 19.6% Black, 4.5% Mixed, and 3.7% Other.

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>The overarching governance framework had not ensured that all systems and processes were operating effectively. In particular;</p> <ul style="list-style-type: none">The provider did not have effective processes for managing medicines management risks. In particular, leaders had not identified the need to have an effective process in place to ensure clinicians were viewing patients' monitoring information prior to prescribing. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>