The Firs

Inspection report

26 Stephenson Road
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Date of inspection visit: 6 and 7 June 2022
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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?	Good
Are services responsive to people's needs?	Requires Improvement
Are services well-led?	Inadequate

Overall summary

We carried out an announced comprehensive inspection of The Firs on 6 & 7 June 2022.

At our previous inspection on 27 October 2021, the practice was rated as inadequate overall (inadequate for 'Safe' 'effective' and 'Well-led', requires improvement for 'responsive' and good for caring).

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

Why we carried out this inspection

This inspection was a comprehensive follow-up inspection to look at the improvements made. At the inspection we inspected all key questions and the breaches of regulation found at the previous inspection.

How we carried out the inspection

We carried out a site visit over two days, where we carried out searches of and reviewed the clinical records, spoke with staff and reviewed documents.

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 Inadequate overall

The ratings for the key questions are:-

Safe - Inadequate

Effective - Inadequate

Caring - Good

Responsive – Requires Improvement

Well-led - Inadequate

At this inspection we have continued to rate the practice inadequate for providing a safe service because:

- The provider failed to put an effective process in place for the structured annual medicines reviews for patients on repeat medicines. This puts patients at potential risk of harm.
- The practice was unable to complete the backlog of work due to insufficient staff numbers.

Overall summary

- The recall system for patients referred to secondary care did not check that patients with abnormal cervical screening results had attended their appointments.

At this inspection we have continued to rate the practice inadequate for providing an effective service, because we found patients were put at risk of harm. For example:

- There were examples where current evidence-based guidance was not followed.
- The practice had only carried out approximately 50% of the outstanding long-term health condition annual reviews.
- The practice did not have a system in place to respond to the needs of patients who were receiving end of life care.
- The practice had not assured that staff were competent for their roles.
- Patient consultation records of long-term health conditions carried out by staff members were sometimes ineffective and had evidence that the patients care, and treatment was not appropriately reviewed.
- The practices uptake for childhood immunisations and cervical screening was below the World Health Organisation targets.
- The practice did not keep a copy of the patients Do Not Attempt Cardiopulmonary Resuscitation form on the patient records.

At this inspection we have continued to rate the practice as inadequate for providing well-led services. This is because we have continued to find: -

- A number of concerns around lack of oversight of processes and ineffective clinical systems.
- Some leaders could not demonstrate they had the capacity and skills to deliver high quality sustainable care.
- We found gaps in the governance arrangements.
- The practice continued to not have effective processes for managing risks, issues and performance.

At this inspection we have continued to rate the practice as requires improvement for providing a responsive service. This is because.

- The practice only offered practice nurse appointments within working and school hours and this limited access to appointments for children and working adults.
- The results from the practice's own survey continued to demonstrate that patients found accessing appointments a poor experience.

At this inspection we rated caring as good because:

- Feedback was generally positive about the way staff treated people.
- The practice respected patients' privacy and dignity.

We found two breaches of regulations. The provider **must**:

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

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Overall summary

At our previous rated inspections in May and October 2021, the service was placed and remained in special measures. As a result of our findings at this inspection, the service will remain in special measures..

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 undertook a site visit. The team included a GP and practice nurse specialist adviser and a second inspector.

Background to The Firs

The Firs is situated in in East London at:

26 Stephenson Road

Walthamstow

London

E17 7JT

The practice is within NHS Waltham Forest Clinical Commissioning Group (CCG) and provides primary medical services to around 7,701 patients in the Walthamstow area, under a General Medical Services contract (an agreement between NHS England and general practices for delivering primary care services).

The practice is registered with the CQC to carry on the following regulated activities: Diagnostic and screening procedures; Family planning; Maternity and midwifery services; Surgical procedures; and Treatment of disease, disorder or injury. At the time of the inspection the practice did not carry out surgical procedures.

The clinical team at the practice consists of two male GP partners, five salaried GPs, a regular locum GP, an advanced nurse practitioner, two practice nurses and a healthcare assistant. There is also a practice manager and a team of management and administrative staff.

The practice is open from 8am to 6.30pm Monday to Friday, with GP appointments are available from 8am to 12pm and from 2.30pm to 6.30pm Monday to Friday.

Patients telephoning when the practice is closed are directed to the local out-of-hours service provider, which offers evening and weekend appointments for the practice's patients.

Information published by Public Health England rates the level of deprivation within the practice population group as four, 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. National General Practice Profile describes the practice ethnicity as being 48.2% White, 24.4% Asian, 17.1% Black, 5.2% mixed ethnicity, and 5.1% other ethnicities.

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 were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The CQC have taken enforcement action because the provider had not always provided safe care and treatment for patients.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Treatment of disease, disorder or injury Surgical procedures Maternity and midwifery services	Regulation 17 HSCA (RA) Regulations 2014 Good governance The CQC have taken enforcement action because the provider was not operating effective systems or processes to ensure that they complied with the requirements of the regulations and ensured patients safety.