

Wordsworth Health Centre

Inspection report

19 Wordsworth Avenue
London
E12 6SU
Tel: 02085485960
www.wordsworthhealthcentre.gpsurgery.net

Date of inspection visit: 14, 15 and 19 December 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?		Requires Improvement	
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 inspection at Wordsworth Health Centre on 14, 15, 19 December 2022 and 24 January 2023. Overall, the practice is rated as **inadequate**.

We previously carried out announced inspections at Wordsworth Health Centre in 2015 and 2016 and 2018. In 2015, the practice was rated requires improvement overall, requires improvement in the key question for safe, caring and responsive and good for the key questions for effective and well-led. In 2016, the practice was rated good overall, requires improvement in the key question for caring and good for responsive and effective and outstanding for well-led. We carried out a follow-up inspection in 2018, when we rated the practice as good overall and for the key question for caring.

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

This inspection was a comprehensive inspection following information of concern we received regarding the service and to review ratings for the key questions:

- Safe
- Effective
- Responsive
- Caring
- Well-led

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/reviews differently.

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 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 inadequate overall.

Overall summary

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

- The provider did not have clear systems and processes to keep patients safe.
- The provider did not have reliable systems and processes to keep patients safeguarded from abuse.
- The provider did not have a safe system in place to manage safeguarding training for staff.
- The provider did not have a safe system in place to monitor and manage recruitment, including disclosure and barring checks (DBS).
- The provider did not have appropriate systems in place to safely manage high-risk medicines and medicines that require additional monitoring.
- The provider did not have a safe effective system in place to manage patient safety alerts.
- The provider did not operate a safe system regarding staff immunisations and certified immunity.
- The provider did not have failsafe processes regarding two-week wait referrals and cervical screening.
- The provider did not have a safe effective system in place to manage significant events.

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

- Clinical care was not delivered consistently in line with national guidance.
- There was limited recent clinical quality improvement activity.
- There was limited monitoring of the outcomes of care and treatment.
- The practice was unable to show that 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 **good** for providing caring services because:

- GP Patient Survey results were in line with local and national averages.
- There was evidence the provider had taken action to improve patient experience at the practice in response to feedback from the patient participation group.
- There was evidence to show how the practice carried out patient surveys and patient feedback exercises.

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

- The provider did not have a safe effective system in place to manage patient complaints.

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

- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care.
- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice did not always act on appropriate and accurate information.
- We saw limited recent evidence of systems and processes for learning, continuous improvement and innovation

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

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

Overall summary

The provider **should**:

- Continue to take action to improve childhood immunisation and cervical screening achievement rates.
- Continue to regularly review practice policies to include the most recent appropriate information available.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, 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 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.

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

(Please see the specific details on action required at the end of this report).

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector who undertook a site visit. The team included a GP specialist advisor and a member of the CQC medicines team who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Wordsworth Health Centre

Wordsworth Health Centre is located at 19 Wordsworth Avenue, London E12 6SU. The practice has good transport links and is within easy reach of bus and train services providing direct access into Central London.

There is a clinical team of two GP partners; long-term sessional locum/salaried GP; two practice nurses and three healthcare assistants (HCA). Clinical staff are supported at the practice by a practice manager and a team of reception and administration staff.

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 family planning.

The practice reception is open Monday-Friday between 8am-6:30pm and appointments are available between these times. Patients may book appointments online, by telephone or in person.

The practice is situated within the North East London Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 11,940 (as of 01 December 2022). This is part of a contract held with NHS England. They are part of a wider network of GP practices in NE2 Primary Care Network.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the fourth lowest decile (four of 10). The lower the decile, the more deprived the practice population is relative to others. Wordsworth Health Centre is within the fourth decile.

According to the latest available data, the ethnic make-up of the practice area is 68.7 % Asian, 14.5% White, 10.8% Black, 2.8% Mixed, and 3.2% Other.

Extended access and out of hours services are provided locally by Newham GP Cooperative, where late evening and weekend appointments are available.

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 Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <ul style="list-style-type: none">• The provider did not have an effective system in place to manage regular staff training.• The provider did not have an effective system in place to manage clinical supervision.• The provider did not have an effective system in place to manage clinical protocols. <p>This was in breach of Regulation 18(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <ul style="list-style-type: none">• The provider did not have an effective system in place to manage significant events.• The provider did not have an effective system in place to manage complaints.• The provider did not have an effective system in place to manage practice policies and documents. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	The provider failed to have a safe system in place regarding medicines management.
Maternity and midwifery services	The provider failed to have a safe system in place regarding safeguarding.
Treatment of disease, disorder or injury	The provider failed to have a safe system in place regarding recruitment.
	The provider failed to have a safe system in place regarding staff immunisations and certified immunity.
	The provider failed to have a safe system in place regarding patient safety alerts.
	The provider failed to have a safe system in place regarding core specific training for clinical staff.
	The provider failed to have a safe system in place regarding failsafe systems for two-week wait referrals and cervical screening.
	The provider failed to have a safe system in place regarding safe premises.
	This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.