

Essex Lodge

Inspection report

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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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Requires improvement 

Overall summary

We carried out an announced comprehensive inspection at Essex Lodge on 7 October 2019 as part of our inspection programme, to check whether the practice had addressed breaches of regulations identified at the prior inspection on 28 August 2018 and in response to concerns that were reported to us.

We first carried out an announced inspection of Essex Lodge on 29 February 2016 when it was rated as requires improvement overall. We then undertook a follow up focused inspection on 24 April 2017 when practice was rated as good for providing safe services, requires improvement for effective services due to a breach of regulations, and good overall. The practice next inspection was an unannounced focused inspection on 1 May 2018, in response to concerns that were reported to us, and to check whether the practice had addressed breaches of regulations identified at the 24 April 2017 inspection. Further breaches of regulation were identified, and a warning notice and requirement notices were issued. A follow up announced comprehensive inspection was undertaken on 28 August 2018 when the provider was rated as requires improvement overall and issued with requirement notices relating to responsive and well-led services.

At this inspection we followed up on breaches of regulations identified at a previous inspection on 28 August 2018 and concerns that were reported to us.

At the last inspection on 28 August 2018 we rated the practice as requires improvement because:

- Prescriptions usage monitoring was not ineffective.
- PSDs were unclear and did not contain relevant information to ensure they were appropriately implemented and authorised. (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).
- Rates for females, aged 50-70 screened for breast cancer needed improving.
- Carers were not accurately identified.
- The provider had not ensured an effective system for identifying, receiving, recording, handling and responding to complaints.
- There were no business plans.

- The HR lead did not lead HR decisions and HR arrangements needed to be improved.
- Staff meeting minutes, actions agreed and review of follow up were insufficient.
- There was limited engagement with the PPG that had mixed feedback about the practice and was not consistently heard and responded to.
- There were insufficient arrangements to ensure and embed a cohesive and positive working culture.
- There were weaknesses in the whistleblowing process.
- Arrangements to ensure NHS contracted resources, such as appointments and NHS staff were not used for private patient's appointments.

At this inspection, we found that the provider had satisfactorily addressed all except two of these areas.

We based our judgement of the quality of care at this service is 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.

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

- The practice generally provided care in a way that kept patients safe and protected them from avoidable harm, but some aspects of referrals and significant events management and oversight needed improving.

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

- Patients received effective care and treatment that met their needs.

We rated the practice as **Good** for providing caring services because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

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

- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

Overall summary

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

- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.
- There was a need to improve or elements of governance including relating to risk
- Leadership and management approach and cohesion needed further embedding or improving.

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

- 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).

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

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead CQC inspector. The team

included a GP specialist adviser, a practice manager specialist adviser, and two second CQC inspectors.

Background to Essex Lodge

Essex Lodge Surgery is a GP practice situated within NHS Newham Clinical Commissioning Group (CCG). The practice is a member of the Newham Central 2 Primary Care Network. The practice provides services to approximately 12,578 patients under a Personal Medical Services (PMS) contract.

The practice provides a full range of enhanced services including childhood immunisations, avoiding unplanned admissions, IUCD (also known as the “coil”) fitting, extended hours, and minor surgery including excisions and joint injections. It is registered with the Care Quality Commission to carry on the regulated activities of Maternity and midwifery services, Family planning services, Treatment of disease, disorder or injury, Surgical procedures, and Diagnostic and screening procedures.

The staff team at the practice includes two male GP partners, five salaried GPs, a GP Registrar, two regular locum GPs, four practice nurses, two health care assistants, a pharmacist, one practice director, one practice manager, a business manager, one operations manager and a team of reception, secretarial and administrative staff. The practice teaches medical students and trains GP Registrars.

Extension works to the premises were recently completed to provide space for additional resources such as consulting rooms, a larger waiting room and a quiet room for patients. The building has two floors with lift access to the first floor.

The practice is open weekdays from 8am to 6.30pm weekdays except on Monday when it opens 7.30am to 7pm, and on Saturday from 8am to 1pm. Core appointment times are between 8.30am to 6pm Monday to Wednesday, 8.30am to 5pm on Thursday, and 8.30am to 1.30pm and 2pm to 6pm on Friday. Extended hours appointments are offered Monday to Thursday from 8am to 8.30am and on Saturdays from 8am to 10.30am.

The practice does not close its doors or telephone lines for lunch and provides home visits and telephone consultations for patients. Pre-bookable appointments are available including online appointments that are bookable in advance. Urgent appointments are also available for people that need them. Patients telephoning for an out of hour’s appointment are transferred to the Newham cooperative deputising service.

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	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>There were no effective systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• Insufficiently prompt follow up of significant event.• No framework in place to identify trends or evaluate improvements arising from significant events. <p>There were no effective systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• Patient's referrals. <p>There were no systems or processes that enabled the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:</p> <ul style="list-style-type: none">• Meeting notes actions agreed follow up. <p>There was additional evidence of poor governance. In particular:</p> <ul style="list-style-type: none">• Interpersonal difficulties between the GP Partners including unresolved concerns. The financial viability and sustainability of the practice were unclear.• No evidence of a plan to address issue of ineffective GP partners working relationship.