

City Square Medical Group

Inspection report

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Date of inspection visit: 24 May 2023, 7 and 23 June 2023 (on site), 12 and 21 July 2023 remote evidence review.

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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?

Requires Improvement



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Inadequate



Overall summary

At a previous inspection on 9 May 2017 when the practice was registered at a different location, it was rated good in all key questions and overall, and there were with no regulatory breaches.

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

Why we carried out this inspection

We carried out a comprehensive unannounced inspection of the City Square Medical Group on 24 May 2023, 7 and 23 June 2023 (on site), and 12 and 21 July 2023 (remote evidence review), to follow up concerns reported to us.

Overall, the practice is rated as inadequate. The key questions are rated as:

Safe - inadequate

Effective - inadequate

Caring - requires improvement.

Responsive - requires improvement.

Well-led - inadequate,

How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- Site visits.

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 found:

- Clinical staff were working outside the scope of their role and competence which exposed patients to a risk of harm.

Overall summary

- Examples of unsafe clinical care included treatment relating to regarding long term conditions, childhood immunisations, contraceptive pill checks and cervical screening.
- The practice had not ensured effective medicines management which exposed service users to the risk of harm, including emergency medicines, prescriptions security and refrigerated medicines.
- Staff had administered injectable medicines, including a controlled drugs outside required legal frameworks. There were no effective arrangements for the oversight of clinical care.
- Arrangements for the prevention and control of infections were ineffective and standards of cleanliness were not met.
- Patients did not always receive effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care, but their privacy and dignity were not always sustained.
- Patients could access care and treatment in a timely way, but patients' complaints and feedback were not gathered and acted upon to improve services.
- Leaders could not demonstrate that they had the capacity and skills to deliver high quality sustainable care, including the Registered Manager.
- The practice culture did not effectively support high quality sustainable care due to ineffective significant events and other risk identification and management processes.
- There was high staff turnover that resulted in staff shortages.
- There were gaps in staff training and no evidence of inductions for new staff members.
- There were no clear responsibilities, roles and systems of accountability to support good governance and management.
- The overall governance and accountability arrangements were ineffective. For example, HR information was incomplete and unclear.
- The practice did not have clear and effective processes for managing risks, issues and performance. Serious and extensive concerns that were raised by more than a year prior to our inspection had not been resolved.
- There was no effective process for identification, management and oversight of risk such as provider self-audits to evaluate quality and safety, including no PPG, patient satisfaction surveys or leadership oversight of risks and staff feedback.
- The provider explained that following the merger the practice population list had grown significantly by approximately 33% and this and the merger had put strain on the practice and prevented them from focus on establishing the new practice. Following our inspection, the practice developed a action plan in July 2023 and updated in December 2023 which demonstrated that the provider was making improvements and responding to our findings.

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

- Ensure care and treatment is provided in a safe way to patients.
- Ensure that any complaint received is investigated and any proportionate action is taken in response to any failure identified by the complaint or investigation.
- Ensure there is an effective system for identifying, receiving, recording, handling and responding to complaints by patients and other persons in relation to the carrying on of the regulated activity.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.
- Ensure specified information is available regarding each person employed.

Overall summary

- Ensure where appropriate, persons employed are registered with the relevant professional body.

Whilst also found the provider **should**:

- Improve arrangements to ensure communications made to patients via text message are appropriate.
- Take steps to check and improve the premises decoration, such as painting.
- Improve arrangements to ensure patients are aware of the availability of translation services, and sources of support for patients that are carers or are bereaved.
- Improve arrangements to ensure patients' privacy in the reception area.
- Evaluate newly improved arrangements for urgent referrals under the two weeks wait system follow through, to ensure those improvements are sustained.
- Take action to improve breast, bowel and cervical cancer screening, and uptake of childhood immunisations.

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

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 varying the terms of their registration within six months if they do not improve.

Special measures will give people who use the service the reassurance that the care they get should improve.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Health Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team undertook 3 site visits and included 2 second inspectors, a GP specialist advisor and 2 practice nurse specialist advisors who spoke with staff and completed clinical searches and records reviews.

Background to City Square Medical Group

City Square Medical Group is an NHS GP practice partnership located in a purpose-built building at 14 Deancross Street, London E1 2QA; and a branch site at 445 Cable Street, London E1W 3DP.

The City Square Medical Group delivers primary medical care to approximately 11,800 patients in the Stepney area of east London, on behalf of NHS Northeast London integrated care board (ICB). An integrated care board (or ICB) is a statutory NHS organisation which is responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in a geographical area. The practice is also part of Primary Care Network (PCN) and works with other local practices to improve the quality of healthcare for the local populations.

The provider registered with the CQC on 3 May 2023 following a merger of two smaller practices and is registered to undertake the following regulated activities: treatment of disease, disorder or injury diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures. One of the GP Partners is the CQC Registered Manager that is also the Clinical Lead of the PCN. 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 practice holds a general medical services contract (GMS) with NHS England (A GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities). Services provided include minor surgery (injections only), phlebotomy and a range of nurse led clinics such as antenatal, diabetes and sexual health, and primary medical services to a local care home.

There are 3 GP partners (2 male and 1 female) and a salaried GP. There is a part time female Nurse Practitioner, a full-time practice nurse, 2 part time pharmacists, a part time physiotherapist, full time care co-ordinator, part time mental health worker, three part time health care assistants, practice manager, receptionist supervisor, and 8 reception/administration staff. There is currently no employed practice nurse, and this is being provided by agency nurses. The practice is a teaching practice for medical students.

Opening hours at the Deancross Street (main site) are Monday 8am to 8pm and Tuesday to Friday 8am to 6.30pm. Appointment times are Monday 8:30am to 12:30pm and 2:30pm to 8pm, and Tuesday to Friday 8:30am to 12:30pm and 2:30pm to 6.30pm. Opening hours at Cable Street (branch site) are Monday to Friday 9am to 6pm; and appointment times are Monday to Friday 9am to 6pm.

Extended hours are offered Monday from 6:30pm to 8pm and appointments are available via the local hub on weekdays from 6:30pm to 8pm, and at weekends from 8am to 8pm. In addition to pre bookable appointments that can be booked up to two weeks in advance. There are in-person same day appointments and urgent same day telephone consultations are also available for people that need them. Out of hour's service are delivered by a separate provider that is accessed by calling the surgery telephone number.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the fourth lowest decile (4 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 52% Asian, 37% White, 5% Black, 3% Mixed, and 3% Other.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Persons providing care or treatment to service users did not always have the qualifications, competence, skills and experience to do so safely, including Practice Nursing, Assistant Practitioner and Healthcare Assistant staff:</p> <ul style="list-style-type: none">• Changes to and administration of medicines, including controlled drugs.• Wound care, cervical screening, childhood immunisations, long term conditions such as diabetes and asthma, PSDs and injections techniques and related staff competency checks, and sepsis awareness. <p>In addition:</p> <ul style="list-style-type: none">• There was no effective method of clinical oversight or supervision of any clinical staff.• There was no review of prescribing practice or clinical supervision, no oversight or peer review including GPs care and treatment.• Some patients with the following conditions were not monitored and reviewed in line with national guidance: those diagnosed with diabetes, asthma, chronic kidney disease, hypothyroidism and cardiovascular disease.• There were no failsafe for cervical screening. <p>There was no safe management of medicines, including:</p> <ul style="list-style-type: none">• No effective arrangements to ensure emergency medicines and equipment availability, security and fitness for use.• Prescriptions were not stored securely and there was no effective system to monitor prescriptions usage.• There was no system to ensure safe and appropriate management of refrigerated medicines.• Arrangements to ensure required Patient Group Directions (PGDs) and Patient Specific Directions (PSDs) were absent or ineffective, and clinical staff were administering medicines without the legal authority to do so.

Requirement notices

- B12 injections were ordered in bulk and there was no oversight of medical stocks.
- Arrangements for repeat prescribing were not always effective.
- There was no evidence safety alerts were followed up for individual patients that may be affected.
- There were no effective arrangements to ensure infection prevention and control.
- There were no effective methods to identify and manage risks such as the high building temperature, and premises fabric and fixtures cleanliness, decoration and repair.

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

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

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

There were no systems, or ineffective systems, in place to assess, monitor and mitigate the risks to patients and staff and improve the quality and safety of the services being provided. In particular:

- There were no effective systems and processes to keep clinicians up to date with current evidence-based practice.
- The quality assurance systems had not identified patients with long term condition or the effectiveness of its two-week wait referral system to ensure effective patient follow up.
- No patient feedback was gathered or reviewed.
- There was a lack of meeting minutes and no system to ensure staff were kept up to date with information across the practice.
- There were no systems for the provider to identify failures and improve systems and processes such as HR files and recruitment and training oversight.
- Staff on duty were not given the information they needed to work effectively including: access to emergency medicines and equipment and instructions on how to deactivate the burglar alarm.

Requirement notices

- There was no method for the provider to access to safeguarding meetings documentation in the absence of the safeguarding lead GP.
- There was no effective leadership and management presence on site to capture risk information such as to identify and manage quality and safety concerns and risks, that were apparent.
- There was no effective insight or oversight of the staffing complement or rota.
- Issues affecting staff team cohesion and morale that were impacting performance were not identified and managed to sustain lines of accountability and communication.
- The staff did not ensure confidentiality as consultation room doors were left open during patient's clinical consultations and patient's clinical samples were in a reception area bin where their name labels and dates could be seen by others in the reception area.

This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

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

Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

How the regulation was not being met:

The registered person had failed to ensure that any and all complaints received were investigated and that necessary and proportionate action was taken in response to any failure identified by the complaint or investigation. In particular:

- There were no effective systems to record patient's verbal or written complaints or carry out effective investigation and take proportionate action in response to complaints.
- The provider did not follow its own complaints procedure, including complaints were not acknowledged.

This section is primarily information for the provider

Requirement notices

This was in breach of Regulation 16(1) &(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

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

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The registered person had failed to ensure that sufficient numbers of suitably qualified, competent, skilled and experienced persons were supported, trained, supervised and deployed in order to meet the requirements of fundamental standards in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In particular:

- There were high levels of staff turnover.
- There were gaps in rota planning and a lack of leadership, practice nursing and practice management capacity on the rota.
- Staff were not inducted.
- Staff were not appropriately trained in accordance with areas such as anti-radicalisation and General Data Protection Regulation (GDPR).
- Nursing, health care and reception and administrative staff had not appraisals.

This was in breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

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

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered person's recruitment procedures did not ensure that only persons of good character were employed. In particular:

- There was a lack of staff recruitment checks, including DBS and references.

The registered person's recruitment procedures did not ensure that potential employees had the necessary qualifications, competence, skills and experience before starting work. In particular:

This section is primarily information for the provider

Requirement notices

- There was no recruitment policy.
- The selection process not formalised and was inconsistent and unclear.
- Most job roles had no clear, appropriate or corresponding job description to recruit staff to.
- Immunity status checks.
- Staff recruitment files were not maintained.

This was in breach of Regulation 19(1) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.