

Francis Road Medical Centre

Inspection report

94 Francis Road
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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?	Inadequate	
Are services well-led?	Inadequate	

Overall summary

We carried out an announced comprehensive at Francis Road Medical Centre on 21 September 2022. Overall the practice is rated as inadequate.

Safe - inadequate

Effective - inadequate

Caring - requires improvement

Responsive - inadequate

Well-led - inadequate

Following our previous inspection on 31 January 2017 and 22 February 2017, the practice was rated good overall and for all key questions.

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

Why we carried out this inspection

We carried out this inspection on 21 September 2022 to follow up concerns reported to us in line with our inspection priorities. Concerns received related to safety systems and processes and governance of the practice. In response to these concerns, we carried out an announced site visit inspection on 21 September 2022, in conjunction with a remote clinical records review.

This report covers our findings in relation to the inspection.

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.
- 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

Overall summary

- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We found that:

- The practice did not have adequate systems, practices and processes to keep people safe and safeguarded from abuse.
- Appropriate standards of cleanliness and hygiene were not met.
- The systems to assess, monitor and manage risks to patient safety were inadequate.
- Staff did not always have the information they needed to deliver safe care and treatment.
- The practice did not have systems for the appropriate and safe use of medicines.
- Staff did not always treat patients with kindness, respect and compassion.
- The practice had not taken steps to improve in all the areas of lower than average performance identified in the national GP patient survey.
- Complaints were not always used to improve the quality of care.
- People were not always able to access care and treatment in a timely way.
- The overall governance arrangements were inadequate.
- The practice culture did not adequately support high quality sustainable care.
- The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. There was monitoring of the outcomes of care and treatment but improvement was required.

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

- 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.

In addition, the provider **should**:

- Implement a system to improve the identification of carers and young carers in the practice.
- Consider implementing a language translate option on the practice website.

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 population group, 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.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Overall summary

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 and a practice manager specialist adviser. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Francis Road Medical Centre

Francis Road Medical Centre is situated at 94 Francis Road, Waltham Forest, London, E10 6PP. The practice operates from a converted residential property. The practice has access to four consulting rooms, all situated on the ground floor. Office and administration areas are situated on the first floor accessed via stairs.

The practice provides NHS primary care services to approximately 6,900 patients living in the Leyton area of London through a General Medical Services (GMS) contract (a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract) The practice is part of NHS Waltham Forest Clinical Commissioning Group (CCG) and registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures; treatment of disease; disorder or injury; maternity and midwifery services; surgical procedures and family planning.

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% White, 28% Asian, 17% Black, 5% Mixed, and 5% Other.

The age distribution of the practice population closely mirrors the local and national averages. There are more male patients registered at the practice compared to females.

The practice provides a range of services including childhood immunisations, chronic disease management, cervical smears and travel advice and immunisations, sexual health screening and NHS health checks.

The practice staff comprises of a single handed lead GP and six male & female salaried GPs. The GPs were supported by a practice nurse, one pharmacist and one pharmacy technician, a practice manager and five administration and reception staff. The practice is a training practice.

The practice is open between 8am to 6.30pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone and e-consultations and advance appointments.

The practice reception is open from 9am to 1pm and 2pm to 6.30pm on Monday, Tuesday, Wednesday and Friday. The practice telephone lines are active from 8am to 6.30pm and from 9am to 12.30pm on Thursday, after which calls are diverted to the Federation. Extended surgery hours are offered on Tuesday from 6.30pm to 8pm and on Friday from 6.30pm to 7.30pm. Extended hours were also offered on Saturdays 9-1pm until 31st October 2022 when the Federation took over this service under a new extended hours contract.

When the surgery is closed, out-of-hours services are accessed through the local out of hours service or NHS 111. The practice is part of a wider network of GP practices, Forest Integrated Health Primary Care Network (PCN) that provides services for up to 55,000 patients within the network.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <ul style="list-style-type: none">• There were no comprehensive assurance systems in place to underpin essential standards to identify, manage and mitigate risk. Actions required from risk assessments could not be evidenced and there were gaps in relation to staff immunisations, fire safety, infection control, cervical screening, management of referrals, staff recruitment, managing staff absence, medicines management including high risk medicines. There were also gaps in relation to staff receiving sepsis awareness training.• The provider was not aware of safety and governance systems and processes in place and were not clear about their roles and responsibilities. They were often unable to provide the required information when requested on inspection and they had not ensured they had taken appropriate steps to improve their capability to manage the practice. There were inadequate systems in place to review governance structures and significant gaps were found.• The practice did not have any system in place to check clinician's registrations. We did not find evidence of any current registration for three clinicians on inspection.• There were no opportunities for role development for non-clinical staff.• The practice could not demonstrate they had an effective programme of learning and development. There were gaps in mandatory staff training for staff. The training log provided inaccurately showed staff had undertaken training when they hadn't.• There was no evidence provided to show how the practice had addressed patient concerns raised in their practice survey.• There were gaps in the management of complaints in the practice. Not all staff we spoke to were aware of the processes in place in relation to complaints management in the practice.

This section is primarily information for the provider

Requirement notices

- We were not assured the practice used digital services securely and effectively and conformed to relevant digital and information security standards. This was in relation to remote surveillance with the use of CCTV. We found concerns with regards to the use of CCTV within the practice.
- Staff did not find the leaders visible and approachable. There was no emphasis on the safety and well-being of staff and staff were unable to raise concerns without the fear of retribution.
- The practice did not encourage a culture of candour, openness and honesty.

This was in breach of regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

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

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

- Not all staff were aware of the safeguarding systems in place and new staff we spoke to had not been notified of the safeguarding leads, or where the safeguarding policies were kept. The practice produced an incomplete safeguarding register. The safeguarding policy was incomplete and did not provide the relevant contact details provided and there were no codes to ensure all safeguarding patients were captured.
- We found gaps in health and safety systems at the practice. We found unsecured blind loop cords in two of the clinical rooms, which posed a strangulation risk to young children. We observed two broken couch lights in two of the four clinical rooms and we found two fans had not received a portable appliance test (PAT) test.
- The health and safety risk assessment identified gaps such as trip, electric shock and scalding hazards; however, there was no action plan provided to show how the practice had acted on these findings.
- The practice carried out a legionella risk assessment carried in July 2022 but had not acted on the findings where the risk was rated medium.

This section is primarily information for the provider

Requirement notices

- A business continuity plan was in place but not all staff were aware of it and there was no evidence they were trained in preparation for major incidents.
- The practice was not equipped to respond to medical emergencies.
- We found the practice was unable to demonstrate that all relevant safety alerts had been identified or responded to.
- Blank prescriptions were not kept securely and their use was not monitored in line with national guidance.
- The systems in place for managing vaccines was inadequate and placed patients at risk of harm.
- There was no documented approach to the management of test results and we were not assured this was managed in a timely manner.

This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.