

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

East One Health

14 Deancross Street, London, E1 2QA

Tel: 02077902978

Date of Inspection: 27 December 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✘	Action needed
Care and welfare of people who use services	✔	Met this standard
Safeguarding people who use services from abuse	✔	Met this standard
Requirements relating to workers	✘	Action needed
Supporting workers	✔	Met this standard
Assessing and monitoring the quality of service provision	✔	Met this standard

Details about this location

Registered Provider	East One Health
Registered Managers	Dr. Ricardo Cerezo-Aviles Dr. Kamil Kamaruddin Dr. Alexandra Chambers Dr. Chloe Evans Dr. Ricardo Cabot
Overview of the service	East One Health provides primary medical services to around 10,500 patients living in the London Borough of Tower Hamlets. There are seven doctors working from this practice (four partners, two salaried GPs and one locum GP). They are supported by a practice manager and their deputy, three nurse practitioners, three health care assistants and reception and administrative staff.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Family planning Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 27 December 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff, reviewed information given to us by the provider and reviewed information sent to us by other regulators or the Department of Health.

What people told us and what we found

We spoke with two of the GPs, a practice nurse, the practice manager and her deputy, a patients' advocate and two members of the reception staff. We also spoke with five people who used the service.

Some staff did not always treat people with consideration and respect. Some people told us the reception staff were friendly and always helpful, while others described them as unwelcoming and abrupt.

Most of the people who spoke with us said they were satisfied with the quality of care and treatment provided by the practice. One patient told us, "I am very happy. Everything is fine." Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

The provider was not able to demonstrate that they operated an effective recruitment procedure in order that no person is employed without all the necessary checks.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 05 February 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is

taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services × Action needed

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was not meeting this standard.

Some staff did not always treat people with consideration and respect.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People told us they were always seen in private and the clinical staff they saw gave them opportunities to ask questions. People told us that in most cases they felt informed, were given choices and had the time to decide what course of action they would like to take in respect of their treatment.

People who used the service told us they were given appropriate information and support regarding their care or treatment. The practice had a website which provided additional information for patients on different topics, including how to register and what services were on offer.

There was a mixed feedback about how people using the service were received by the reception staff. Some people told us the reception staff were friendly and always helpful, while others described them as unwelcoming and abrupt. Some people told us they witnessed reception staff being rude and on occasions raising voices at people using the service. One person told us, "I know they [the reception staff] are frustrated, but they don't have to take it out on patients." The same person told us they had witnessed two staff being disrespectful to older patients. Another person who spoke with us commented, "people deserve to be treated with respect and dignity. We are patients, we come here not for relations, but to be treated with respect." The same person said, "you should have patience and you should treat people properly." They described reception staff as "very harsh people on the telephone line". The same person told us they found the manner in which one of the GPs communicated "very harsh" and they were now being seen by other GPs working in the practice. The person told us, "their interaction with the patients is superb." Some staff confirmed that they sometimes heard staff shouting or raising voices in the reception area. The practice manager told us the reception staff had recently received training in how to deal with customers and they acknowledged that further work was required to make sure that people who use the service were treated with dignity and respect.

Most of the people we spoke to told us it took a while to get through on the phone and the appointment system could be improved. One person told us, "sometimes it is very difficult to make an appointment and to make an appointment with a female doctor." It was noted that people who spoke with us said there had recently been some improvement and they were able to get an appointment quicker.

The practice had information on display about a chaperone service, health promotion, local services, and how to make a complaint. Practice information leaflets were available which included opening hours, staff details, how to make appointments, and services offered at the practice. The patient information leaflet was only available in English, however staff explained they would translate it to anyone who could not read English. The practice employed a patient advocate, who spoke Bengali. His role was to support patients, provide translation services and to advocate on people's behalf. The practice had English, Bengali, Sylheti, Spanish, and Polish speaking staff available. This allowed many patients to discuss their concerns with reception staff and some of the clinicians in their own language. The practice offered interpreting services when required and there was a telephone translating service available. There were Bengali and Sylheti interpreters employed to support patients during their appointments. This service was available in the mornings only. The practice had a chaperone service available for people wishing to have someone of the same gender present during examinations. This meant that people's diversity, values and human rights were respected.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

Most of the people who spoke with us said they were satisfied with the quality of care and treatment provided by the practice. One patient told us, "I am very happy. Everything is fine."

We did not look at people's records but spoke with staff about how they recorded information in people's records. Staff told us these records included all GP and nurse consultations, test results, current and past medications and referral letters. This meant that staff had appropriate information available to assess people's needs and provide appropriate care.

People's care and treatment reflected relevant research and guidance. Staff attended external meetings to share new guidance with other healthcare professionals from other local GP practices. Clinical meetings involving healthcare professionals were also held on a regular basis at the practice. Staff told us the discussions also included topics such as training needs, complaints, audit results and significant events.

There were arrangements in place to deal with foreseeable emergencies. An out-of-hours service was provided by a different provider. The practice had equipment on the premises for dealing with emergencies. Staff told us and we saw records that they had undertaken life support training.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We reviewed the provider's arrangements for safeguarding people using the service. There was a child protection policy and procedure in place which included details of the local authority's safeguarding team. Staff were able to describe the types of abuse they could come across through the course of their work. Staff were also able to explain the practice's procedure which included liaising with other agencies such as the local authority. They were aware the practice had a safeguarding lead and said they would report any concerns to them.

We spoke with staff and looked at training records. The GPs and nurses had completed child and vulnerable adult protection training and one of the GPs was the safeguarding lead for the practice.

There was a whistleblowing policy in place and the staff we spoke with were aware of the procedure to follow should they need to raise concerns about poor practice.

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was not meeting this standard.

The provider was not able to demonstrate that they operated an effective recruitment procedure in order that no person is employed without all the necessary checks.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

As part of our inspection we checked whether the provider had carried out Disclosure and Barring Service (DBS) checks, to ensure that staff working in the practice were suitably vetted before starting employment at the surgery.

The staff who spoke with us confirmed that they had received their DBS checks (previously known as Criminal Records Bureau (CRB) checks), however there was no evidence to demonstrate this at the practice. We only saw a copy of one person's check. This meant that the provider was not able to demonstrate that they operated an effective recruitment procedure in order that no person is employed without all the necessary checks.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. Members of staff told us they felt well supported by their line managers and GP partners. We were told that the practice manager and doctors were approachable and always happy to discuss any issues with them.

Staff told us they received an annual appraisal to discuss training needs and were able to discuss their work with their line managers. We saw annual appraisal meeting notes in people's files. We did not see any evidence of a formal supervision process in place for the support staff. However, staff told us they felt supported when they had any issues to discuss.

Staff told us they received training that was appropriate to their role and enabled them to work to a high standard. All staff at the practice completed mandatory training, such as basic life support, safeguarding, and other training was arranged according to their job role. This ensured that staff had the appropriate skills and knowledge to carry out their job.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

There were established quality monitoring systems in place. The practice regularly asked its patients for their views about how the practice was run. We saw results of the most recent survey and these showed that most of the people were satisfied with the way the practice was run. There was also a short online survey on the practice website for people to comment on how the service could be improved.

We looked at an analysis of the complaints received in the past twelve months, which showed that complaints were taken seriously and were used to identify ways of improving the service. The practice manager told us that complaints and comments were discussed at team meetings as part of the staff learning and development. This meant the practice listened to people who used the service and used complaints to improve the quality of care and treatment.

The provider had a Patient Participation Group (PPG). The group meetings were held regularly and were attended by the people using the service and staff from the practice. We saw minutes from these meetings. Information about the PPG was also displayed on the practice website.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. The practice had discussed the results and audits from their Quality Outcomes Framework (QOF) at their regular staff meetings. The QOF is a national incentive scheme for GP practices. Practices are rewarded for how well they care for patients as measured by a series of quality indicators and targets. This meant the provider regularly identified, assessed and managed risks relating to people's care needs.

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010
Surgical procedures	Respecting and involving people who use services
Treatment of disease, disorder or injury	How the regulation was not being met: The registered person did not ensure service users were treated with consideration and respect by staff. Regulation 17(2)(1)(a)
Regulated activities	Regulation
Diagnostic and screening procedures	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010
Family planning	Requirements relating to workers
Maternity and midwifery services	How the regulation was not being met: The provider did not ensure that information specified in Schedule 3 was available in respect of the persons employed for the purposes of carrying on a regulated activity. Regulation 21(b) Schedule 3
Surgical procedures	
Treatment of disease, disorder or injury	

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

This section is primarily information for the provider

The provider's report should be sent to us by 05 February 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us at:
Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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