

# Dr Hamilton-Smith And Partners

## Inspection report

Chadwell Heath Health Centre, Ashton Gardens  
Chadwell Heath  
Romford  
Essex  
RM6 6RT  
Tel: 020 3667 5153  
[www.upstairs-surgery.co.uk](http://www.upstairs-surgery.co.uk)

Date of inspection visit: 26 July 2018  
Date of publication: 23/08/2018

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

Are services safe?

# Overall summary

We carried out an announced comprehensive inspection at Dr Hamilton-Smith and Partners on 12 March 2018. Breaches of legal requirement were found in relation to patient safety. We issued the practice with a Warning Notice for Regulation 12, Safe care and treatment requiring them to achieve compliance with the regulation by 30 April 2018. We found that patients were at risk of serious harm because the provider had not ensured those on high risk medicines were monitored in line with national guidance.

We undertook a focused follow up inspection on 26 July 2018 to check that the practice had addressed the issues in the Warning Notice and now met the legal requirements. This report only covers our findings in relation to those requirements. At the inspection, we found that the requirements of the Warning Notice had been met satisfactorily. Our key findings across the areas we inspected for this focused inspection were as follows:

- The practice now had effective systems in place to monitor patients on high risk medicines such as lithium.
- We found that care and treatment for those on high risk medicines were now being delivered according to evidence-based guidelines and their effectiveness and appropriateness was monitored appropriately.
- Clinical notes recording had improved to include necessary information and discussion between GPs and patients about the appropriateness of their medications.
- The protocol in place for repeat prescribing had improved considerably since our inspection of 12 March 2018.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

## Population group ratings

## Our inspection team

Our inspection team included a CQC inspector and a GP specialist adviser.

## Background to Dr Hamilton-Smith And Partners

Dr Hamilton-Smith and Partners Practice, Chadwell Heath Health Centre, is on the border of three boroughs i.e. London Borough of Barking and Dagenham, London Borough of Redbridge and London Borough of Havering and provides primary medical services to approximately 6,997 patients. The premises is owned and maintained by an external organisation and is located on the first floor in a purpose built building providing GP services. Access is available via the communal lift and stairs. The building accommodates two other GP practices as well as other local services including phlebotomy.

Services are provided under a General Medical Services (GMS) contract with NHS England and the practice is part of the Havering Clinical Commissioning Group (CCG). (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). Patients living in Havering, Redbridge and Barking and Dagenham can register with the practice. Dr Hamilton-Smith and partners is registered as a partnership to provide the regulated activities of treatment of disease, disorder or injury, maternity and midwifery services, family planning, diagnostic and screening procedures from Chadwell Heath Health Centre, Ashton Gardens, Chadwell Heath, Romford, Essex, RM6 6RT.

Information published by Public Health England rates the level of deprivation within the practice population group as five on a scale of one to 10. Level one represents the

highest levels of deprivation and level 10 the lowest. The practice population age/sex distribution is similar to that of other practices in England. The life expectancy for males and females is 79 years and 84 years respectively.

The clinical team is made up of three male GP partners and a female locum GP collectively working 32 weekly sessions. There is also a full-time female practice nurse, a part-time female practice nurse and a female health care assistant (HCA). They are supported by a practice manager, trainee practice manager, administrative manager, secretary and six reception/administrative staff.

The practice is open between 8.30am and 8pm Monday to Friday with the exception of Thursday and Friday when the practice closes at 6.30pm and 7.30pm respectively. Extended hours appointments are available on Monday, Tuesday and Wednesday between 5.30pm and 8.00pm. Pre-bookable appointments can be booked up to two weeks in advance, urgent appointments as well as telephone consultations are also available. The practice telephone lines closes between 12.30 and 2.30pm daily, during this time calls are diverted to the Out of Hours service.

Patients who are unable to make an appointment at the practice can make appointments at local GP hubs where same day GP appointments are available. Out of hours services are delivered by another provider which is detailed in the practice leaflet, posters at reception, website and can be directly accessed by calling the practice's local rate telephone number.

### Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 on 5 May and 16 June 2016 as part of our regulatory functions. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Health and Social Care Act 2014. Breaches of legal requirements were found and requirement notices were issued in relation to patient safety, fit and proper persons employed and staffing. The full comprehensive report can be found on our website at: [http://www.cqc.org.uk/sites/default/files/new\\_reports/AAAF1838.pdf](http://www.cqc.org.uk/sites/default/files/new_reports/AAAF1838.pdf)

As a result, we undertook a comprehensive inspection on 5 June 2017 to follow up, but not limited to, whether action had been taken to address the breaches outlined in the requirement notices as well as to look at the overall quality of the service. At this inspection we found insufficient improvements had been made which resulted in inadequate ratings for safe, effective and well led and requires improvement for caring and responsive. Overall the practice was rated inadequate. We issued warning notices for breaches of Regulation 12: Safe care and treatment and Regulation 17: Good Governance and the practice was placed into special measures for a period of six months. We undertook a focused follow up inspection on 17 October 2017 to check that the practice had addressed the issues in the Warning Notices and found that they had met the legal requirements. The full comprehensive report for the 5 June 2017 inspection can be found on our website at: <http://www.cqc.org.uk/location/1-609934909>

We undertook a further follow up comprehensive inspection on 12 March 2018 to look at the overall quality of the service. Breaches of legal requirement were found in relation to patient safety. We issued the practice with a Warning Notice for Regulation 12, Safe care and treatment requiring them to achieve compliance with the regulation by 30 April 2018. The report following the inspection on March 2018 can be found by selecting the 'all reports' link for "Dr Hamilton-Smith and Partners" on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Dr Hamilton-Smith and Partners on 26 July 2018. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

# Are services safe?

**At our previous inspection on 12 March 2018, we rated the practice as inadequate for providing safe services as we found evidence patients were at risk of serious harm because the practice had not ensured safe management and monitoring for those prescribed high-risk medicines.**

**These arrangements had significantly improved when we undertook a follow up inspection on 26 July 2018.**

## **Information to deliver safe care and treatment**

Staff now had the information they needed to deliver safe care and treatment to patients.

At the inspection of 12 March 2018 staff did not use the information they had access to deliver care and treatment to those on high risk medicines in a safe way. There was evidence which confirmed patients on high risk medicines such as lithium, methotrexate, warfarin and azathioprine were not monitored according to the shared care agreements (written arrangements between specialist services and general practitioners). At this inspection we found that the practice was now proactively checking that shared care protocols were in place for individual patients and monitored accordingly. Records reviewed demonstrated the practice were now taking a documented approach to information received and sent about patients.

## **Safe and appropriate use of medicines**

At the inspection of 12 March 2018, we found the practice did not have reliable systems for appropriate and safe handling of high risk medicines. At this inspection on 26 July 2018 evidence reviewed indicated arrangements had improved and sustainable if the newly embedded systems and processes were adhered to by staff.

At this inspection we found that steps were taken to ensure patients on lithium, warfarin, methotrexate and azathioprine were managed and monitored safely. For example, we noted that the high-risk medication and repeat prescribing policies had been amended and updated in line with the General Medical Council (GMC) guidance good practice in prescribing and managing medicines and devices (2013). In addition, the practice now maintained a high-risk medication register which was checked every two weeks by an allocated member of staff. There was also a traffic light monitoring system in place to

ensure patients were up to date with important monitoring such as blood testing. Where it was identified that a patient's blood testing was due within one week or overdue an appointment was scheduled with one of the GPs.

For patients who had their venepuncture done through the hospital or pharmacists, GPs could now demonstrate that they were now proactively requesting evidence that monitoring is satisfactory before prescribing medicines. We saw evidence of clear audit trail in patient notes which demonstrated that GPs now updated patient clinical notes with relevant information.

Following the inspection of March 2018, the practice told us they had introduced monthly high-risk medication management clinic for patients who were due reviews, blood testing and the GPs used this opportunity to reinforce the importance of regular monitoring and ensure compliance with the shared care agreement. There was a rota in place which was rotated between the three GP partners, however the practice told us there were plans to include the locum GP as they had increased the clinical session they delivered.

The newly introduced process for uncollected prescriptions ensured patient safety. Patients were now contacted by a designated administrator who reminded patients to collect their prescriptions. For those patients who remained uncontactable via telephone, a letter was sent instead. At our previous inspection, we found that clinical staff did not have oversight of uncollected prescriptions before they were destroyed by non-clinical staff. At this inspection, we found that scripts which remained uncollected after three weeks were stored securely in a folder and a log maintained.

At this inspection, we reviewed a total of 40 patient's clinical records and found they were managed safely by the practice. We were assured that the practice had taken steps to ensure patients understood the shared care agreement and we were satisfied that they had embedded systems and processes which allowed for better communication with colleagues in other services and who were involved in patients care and treatment.

**Please refer to the evidence tables for further information.**