

The Medical Centre - Dr Kukar

Inspection report

The Medical Centre
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Date of inspection visit: 27 June 2019
Date of publication: 04/10/2019

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?

Inadequate



Are services well-led?

Inadequate



Overall summary

We carried out an announced comprehensive inspection at The Medical Centre Dr Kukar on 27 June 2019 as part of our inspection programme.

We decided to undertake an inspection of this service following our annual review of the information available to us.

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 have rated this practice as **inadequate overall**.

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

- The practice did not have clear systems and processes to keep patients safe.
- The practice did not have safe systems regarding the management of high risk medicines in place.

Key findings

- The practice did not have appropriate safeguarding training in place for all staff.
- The practice did not have appropriate fire safety systems in place.
- The practice did not have safe infection prevention and control practices in place.
- The practice did not have safe health and safety and premises practices in place.

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

- There was limited monitoring of the outcomes of care and treatment.
- The practice was unable to show that staff had the skills, knowledge and experience to carry out their roles.
- The practice was unable to show that it monitored consent to care and treatment.
- Some performance data was significantly below local and national averages.

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

- The practice had limited systems in place to identify carers and provide relevant support.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

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

- Patients consistently described difficulties with making appointments.
- The provider had not fully considered the needs of all patient population groups and developed an action plan to effectively address patients' needs.

These areas affected all population groups, so we rated all population groups as inadequate.

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

- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care.
- The practice did not have appropriate systems in place for the safe management of patients who had been referred via the two-week wait urgent referral system.
- While the practice had a clear vision, that vision was not supported by a credible strategy.

- The practice culture did not effectively support high quality sustainable care.
- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice did not always act on appropriate and accurate information.
- We saw limited evidence of systems and processes for learning, continuous improvement and innovation.

These areas affected all population groups, so we rated all population groups as inadequate.

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

- 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.

(Please see the specific details on action required at the end of this report).

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

- Embed a process of systematic clinical quality improvement.
- Improve the identification of carers to enable this group of patients to access the care and support they need.
- Ensure that all staff have an understanding of Duty of Candour.

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

Summary of findings

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 Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor, a second CQC inspector, and a GP specialist advisor who was shadowing the team.

Background to The Medical Centre - Dr Kukar

The Medical Centre also known as Dr Kukar is located at 13 Ollgar Close, Shepherds Bush, London W12 0NF. The practice is located in an adapted premises which is managed by NHS Property Services. The building is set over two floors with stair access only. There are two clinical consultation rooms and a health care assistants' room on the ground floor and three offices on the first floor. The reception and waiting area are on the ground floor with wheelchair access to the entrance of the building. There are toilet facilities on the ground floor. There is pre-payable off street parking in the surrounding area. There are good transport links with tube and over ground stations nearby.

The practice provides NHS services through a General Medical Services (GMS) contract to patients' and is part of a local network of GP practices called the Northern Network.

We previously inspected the provider in May 2016 when the provider was rated as good in all areas, including patient population groups, except for caring domain which was rated as requires improvement. A desk-top review of the caring domain was undertaken in 2017 and the provider was rated as good overall.

The full comprehensive reports of the previous inspections can be found by selecting the 'all reports' link for The Medical Centre-Dr Kukar on our website at www.cqc.org.uk.

The practice provides NHS primary care services to approximately 6647 patients, and operates under a General Medical Services (GMS) contract. In addition, the practice holds a Directed Enhanced Services Contract. This is a contract between general practices and NHS England for delivering services to the local community. The practice is part of the Hammersmith and Fulham GP Federation and the NHS North West London Clinical Commissioning Group (CCG).

The practice was registered with the Care Quality Commission in April 2013 to carry out the following regulated activities: diagnostic and screening procedures, treatment of disease, disorder or injury, surgical procedures, family planning, and maternity and midwifery services.

There are two partners in place who run the service at the practice. A non-GP partner and CQC Registered Manager and a GP partner who leads the clinical team. The clinical GP lead does not provide any clinical sessions at the practice and acts in an advisory capacity only. The provider employs one part-time salaried GP, and four

long-term sessional locum GPs. A female practice nurse works at the practice on Wednesday and there are two healthcare assistants. There is a practice manager, a part-time external practice manager and five administrators/receptionists.

The practice population is in the third most deprived decile in England. The practice population is ethnically diverse with the majority of Middle Eastern and South-East Asian ethnicities. There is a higher than the national average number of patients between 5 and 16 years of age and between 20 and 44 years of age. There is a lower than the national average number of patients 60 years plus. Information published by Public Health England, rates the level of deprivation within the practice population group as three, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice reception is open Monday to Friday between 7.00am-8.00pm on Mondays; 8.00am-8.00pm Tuesday-Friday and on Saturday between 8.30am and 12.30pm. Patients may book appointments by telephone, online or in person.

When the practice is closed, patients are directed to contact the local out of hours service and NHS 111. Out of hours services are provided by London Central and West and contact details are communicated in a recorded message accessed by calling the practice when it is closed, or by accessing the information on the practice website.

Patients can book appointments up to one week in advance using online services, in person or by telephone. Extended hours services are available at three practices across the borough in the evening between 6.30pm-8.00pm or at the weekend. During the practice's opening hours, patients may request to book an appointment at one of these sites for an evening or weekend appointment. On Saturdays, at all sites, pre-bookable practice nurse appointments are available which can be booked through the practice. Information is available on the practice website regarding GP extended hours services open to all patients in the borough running 7 days a week in Hammersmith and Fulham.

This section is primarily information for the provider

Enforcement actions

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. We took enforcement action because the quality of healthcare required significant improvement.

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>Warning Notice</p> <p>Care and treatment must be provided in a safe way for service users</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The provider could not demonstrate they operated safeguarding systems and practices in a way that kept people safe.• The provider could not demonstrate they operated fire safety systems and practices in a way that kept people safe.• The provider could not demonstrate they had maintained emergency equipment in accordance with national guidance.• The provider could not demonstrate they have an effective system in place to safely manage infection prevention and control (IPC) practices.• The provider could not demonstrate they had operated cold chain practices in accordance with national guidance.• The provider could not demonstrate that all staff had the skills, knowledge and experience to carry out their roles.• The provider could not demonstrate they operated a safe premises environment. <p>This was in breach of regulation 12 (1) of the Health and Social Care Act.</p>
Regulated activity	Regulation

This section is primarily information for the provider

Enforcement actions

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Warning Notice

How the regulation was not being met:

There was a lack of systems and processes established

and operated effectively to ensure compliance with

requirements to demonstrate good governance.

In particular we found:

- The provider could not demonstrate they have an effective system in place to safely manage patients who had been prescribed high-risk medicines.
- The provider could not demonstrate they have an effective system in place to safely manage patients who had been referred via the urgent two week-wait system.
- The provider could not demonstrate they have an effective system in place to safely manage regarding patient safety alerts.
- The provider could not demonstrate they have an fail-safe system in place to safely manage and monitor cervical smear screening.
- The provider could not demonstrate that any staff had undertaken regular training.
- The provider could not demonstrate that all staff had the skills, knowledge and experience to carry out their roles and had access to regular clinical supervision and appraisal with appropriate personnel.

This was in breach of regulation 17 of the Health and Social Care Act.