

Drs Eno and Partners

Inspection report

The Trinity Medical Centre
278-280 Balham High Road
London
SW17 7AL
Tel: 02086723331
www.trinitycavendishmedicalcentre.co.uk

Date of inspection visit: 13 October
Date of publication: 02/02/2022

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?

Requires Improvement 

Are services caring?

Good 

Are services responsive to people's needs?

Requires Improvement 

Are services well-led?

Inadequate 

Overall summary

We carried out an announced inspection at Dr Eno and Partners on 13 October 2021. Overall, the practice is rated as Inadequate.

Set out the ratings for each key question

Safe - Inadequate

Effective – Requires Improvement

Caring - Good

Responsive - Requires Improvement

Well-led - Inadequate

Following our previous inspection of Drs Shah and Partners on 20 March 2017, the practice was rated Good overall and for all key questions. Since this inspection there has been a change to the partnership operating the practice, with one of the GPs, who has worked as a GP at the practice for a number of years stepping up to be lead GP and partner. The practice registered as Dr Eno and Partners in October 2020. Since this time there has been additional, significant changes to the partnership and staffing of the practice.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for Dr Eno and Partners on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was a comprehensive inspection to follow up on:

- Areas of concern being received about the practice
- Areas of flagging data below local and national averages

We also followed up on areas we identified the practice should improve at the last inspection. Specifically:

- Ensure systems to ensure patient group directives are signed by the same designated person.
- Ensure care plans for patients with asthma contain all the required information, including what the patient should do in the event of an emergency.
- Develop a schedule of audit in relation to patients’ health and treatment needs rather than those required by the Clinical Commissioning Group.
- Record verbal complaints to include actions taken.

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

Overall summary

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A short 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
- 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:

- There was a lack of evidence GPs and staff were trained to appropriate levels for adult and children safeguarding;
- The practice was unable to provide us with evidence of appropriate recruitment checks carried out for all staff;
- The practice failed to provide evidence that all clinical staff registrations were regularly monitored;
- Portable Appliance Testing (PAT) had not been carried out within the last 12 months;
- The practice was unable to provide us with evidence of having carried out a fire risk assessment within the last 12 months. Nor was there any evidence of when the fire safety policy had been implemented or of any reviews and updates;
- The practice was unable to provide evidence of a premises/security risk assessment within the last 12 months;
- The practice was unable to provide evidence of health & safety risk assessments within the last 12 months;
- The practice did not provide us with evidence that all staff had received infection prevention and control training;
- The practice had not carried out an infection prevention and control audit within the last 12 months;
- Staff could not name the practice lead for infection prevention and control
- Staff had not completed all recommended training;
- Sharps bins were not maintained in line with guidance;
- The practice did not provide us with a policy for making referrals for patients with a suspected diagnosis of cancer or evidence that they were adhering to their policy;
- Not all patients' medical records were kept up to date and accurate;
- The emergency medicines the practice kept did not include some medicines we would normally expect a GP practice to hold; nor had they considered the risks involved in not having these medicines;
- There was no standing agenda for clinical meetings and there was no evidence of a system to disseminate information to all staff;
- We found the practice was not always providing care in a way that kept patients safe and protected them from avoidable harm;
- The practice did not document when things went wrong, in order to learn and make improvements;

Overall summary

- Staff did not have the information they needed to deliver safe care and treatment.
- The practice was unable to show that staff had the skills, knowledge and experience to carry out their roles;
- Policies were not monitored, reviewed and updated.

We rated the practice as Requires Improvement for providing Effective services because:

- Patient's notes we reviewed showed some gaps in patient monitoring and gaps in recording of patient care by secondary services.
- The practice's performance for its childhood immunisations programme was significantly below the WHO minimum of 90% for five of five childhood immunisation uptake indicators CQC reviews;
- The practice's performance for the cervical cancer screening programme was significantly below the 80% uptake national target;
- The practice had not undertaken any completed (two or more cycle) audits as a means of driving quality improvement;
- Staff employed at the practice had not completed all training which we would normally expect staff in a GP practice to have completed at the time of commencing employment.
- We saw little evidence of systems and processes for learning, continuous improvement and innovation.

We rated the practice as Good for providing Caring services because:

- The practice was in line with local and national averages for four out of four indicators relating to patient satisfaction as measured by the National GP Patient Survey relating to: being listened to, being treated with care and concern and their overall experience of the practice.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic.

We rated the practice as Requires Improvement for providing Responsive services because:

- Some performance data was significantly below local and national averages;
- Patients were not able to access care and treatment in a timely way;
- Patients were not satisfied with GP appointment times;
- Patients were not satisfied with the type of appointment they were offered;
- Recording of complaints was inconsistent and not all complaints we reviewed were handled satisfactorily;
- There was no evidence of learning from complaints, or that they were used to drive quality improvement at the practice.

We rated the practice as Inadequate for being Well-led because:

- The overall governance arrangements were inadequate.
- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care;
- There was a lack of clinical oversight or supervision with no peer reviews of clinicians' work;
- The practice was not recording, investigating or learning from all relevant significant events;
- We were not assured the practice learnt from and made changes to its policies and procedures as a result of complaints;
- There was no oversight to ensure that the practice staff undertook regular training to enable them to perform their roles;
- Some practice policies showed no evidence of creation date or of regular review and updating;
- The practice did not have a system to ensure it recorded treatment and monitoring patients received in secondary care;

Overall summary

- Staff we spoke to had worked for the practice for more than 12 months and had not received an annual review of their work/appraisal;
- Although the practice was offering a range of appointment options, the results of the GP Patient survey showed patients were not satisfied with access and there was no action plan in place to address this and the practice was not conducting regular audits of the appointment system to improve patient access;
- There was no evidence of the practice's performance being discussed between staff and management;
- The practice ran the friends and family survey, however there was no evidence it used the results to make improvements;
- The way the practice was led and managed did not promote the delivery of high-quality, person-centre care;
- There was a dominant leadership structure and staff did not feel supported by management;
- The practice culture did not effectively support high quality sustainable care;
- The practice did not have clear and effective processes for managing risks, issues and performance.

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

- Ensure care and treatment is provided in a safe way to patients;
- Ensure complaints are recorded, acknowledged and investigated in line with guidance;
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Provide sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet the needs of the people using the service at all times.
- Operate robust recruitment procedures, including undertaking any relevant checks and have a procedure for ongoing monitoring of staff to make sure they remain able to meet the requirements

We also found the provider **should**:

- Work to improve uptake of its childhood immunisations programme for the benefit of eligible patients.
- Work to improve uptake of its cervical screening programme for the benefit of eligible patients.
- Monitor prescribing of antibiotics and consider ways to improve antibiotic prescribing so that data is line with local and national averages.
- Put systems in place for recording Do Not Attempt Cardiopulmonary Resuscitation forms that are consistent and reviewed regularly to ensure the patient's wishes are adhered to.
- Ensure that their practice website is reviewed regularly and contains the correct and necessary information to allow patients to access a wide variety of services.

We are 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 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.

Overall summary

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

Our inspection team

Our inspection team was led by a CQC lead inspector and a CQC inspection manager who spoke with staff using video conferencing facilities and undertook a site visit. The team included two GP specialist advisors who spoke with staff and completed clinical searches and records reviews during the site visit and remotely.

Background to Drs Eno and Partners

Dr Eno and Partners (Trinity Medical Centre) is located in Wandsworth, London at:

Trinity Medical Centre

278-280 Balham High Road

London, SW17 7AL

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury and surgical procedures.

The practice is situated within the South West London Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 8,100. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices; Balham, Tooting and Furzedown Primary Care Network (PCN).

Information published by Public Health England shows that deprivation within the practice population group is in the seventh highest decile (seven 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 71% White, 12% Asian, 10% Black, 7% Mixed and Other.

The practice team currently consists of a male GP managing partner, a male GP partner and two female GP partners, two salaried GPs and a locum GP (totalling approx. 31 clinical sessions per week), one full time practice nurse and one part-time practice nurse. A pharmacist is allocated to the practice two sessions per week from the PCN. The clinical team are supported by a business manager, an interim personnel manager and 20 administration and reception staff.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations. If the GP needs to see a patient face-to-face then the patient is offered an appointment at the surgery.

Out of hours services are provided by 111.

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

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:

- Recording of complaints was inconsistent and the complaints log failed to capture all types of complaint;
- Not all complaints we reviewed were handled satisfactorily and the patient given an outcome following an investigation;
- There was no evidence of learning from complaints, or that they were used to drive quality improvement at the practice.

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

How the regulation was not being met:

- Staff had not completed all training in line with national guidance and guidelines;
- Staff were unaware of the level of training required for their individual role;
- The provider did not have effective oversight of staff training to ensure staff undertook all required training to be certain that they had the skills, knowledge and experience to deliver effective care and treatment.

Regulated activity

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

Regulation

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

How the regulation was not being met:

The responsible person had not:

This section is primarily information for the provider

Requirement notices

- Completed all staff recruitment and induction checks and assured themselves that staff employed had the correct skills and documentation to be able to carry out their roles, including; DBS checks, references, Curriculum Vitae (CV) or signed contracts;
- Staff vaccinations were not maintained in line with current Public Health England (PHE) guidance;
- Appraisals were outstanding for some staff and no supervision or one to ones were carried out.

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The responsible person had not:</p> <ul style="list-style-type: none">• Ensured that overall governance arrangements were adequate in order to deliver safe and effective care and treatment;• Ensured that the culture of the practice was inclusive;- where staff working in the practice felt listened to and supported and could raise suggestions and concerns without fear of retribution.• Ensured that staff and patients were involved in the planning and development of the practice's vision, values and strategy.• We found a lack of doctors in the practice who were nominated leads for clinical indicators.• Team Meetings:<ul style="list-style-type: none">• failure to record sufficient detail of issues discussed;• no standing agenda items to ensure discussion of all issues;• no follow up of issues discussed in meetings;• not all staff attended or were invited to meetings.• Significant Events:<ul style="list-style-type: none">• no policy in place;• failure to record all issues which would benefit from review as significant events;• Staff unaware of the process for reporting significant events. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury Surgical procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p>

Enforcement actions

Family planning services

Maternity and midwifery services

- Storage and recording of blank prescription stationary was not in line with recommended guidance and the provider had failed to assess the associated risks.
- Some emergency medicines were not stocked and had not been risk assessed.
- Sharps bin were overflowing and not labelled in line with recommended guidance.
- Safety netting systems in place for patient referrals were not effective and registers did not include all patients required to be on the register.
- Lack of up to date policies in place, including child and adult safeguarding policies and business continuity plan. Policies seen were not fully completed or practice specific, including health and safety policy.
- Lack of risk assessments in place, including; building/ premises risk assessment, COSHH risk assessment and evidence of PAT testing. Risk assessments seen not fully completed, practice specific or had not been updated or reviewed, including health and safety risk assessment, fire risk assessment and infection prevention and control audit.
- Gaps in patient monitoring were identified, specifically for patients taking high risk medicines.

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