

# Park Lodge Medical Centre

## Inspection report

808 Green Lanes  
Winchmore Hill  
London  
N21 2SA  
Tel: 0208 350 5000  
[www.parklodgemedicalcentre.co.uk](http://www.parklodgemedicalcentre.co.uk)

Date of inspection visit: 28 November 2019  
Date of publication: 11/02/2020

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



# Overall summary

We carried out this announced comprehensive inspection at Park Lodge Medical Centre on 28 November 2019 following our annual review of the information available to us including information provided by the practice. Our review indicated that there may have been a significant change to the quality of care provided since the last inspection.

The practice was previously inspected in April 2018 and rated as good in all domains and population groups.

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 requires improvement overall.**

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

- Two safety medication alerts had not been actioned.
- The practice did not follow best practice guidelines with regards to vaccination storage.
- The practice did not offer immunisations or hold a record of immunisation status for non-clinical staff members.
- Fire drills had not been regularly carried out and fire marshals had not received appropriate training.
- All patients were not followed up after being referred into the two-week wait (TWW) cancer referral system.
- Comprehensive health and safety risk assessments had not been carried out.
- The serial numbers of blank prescription pads given to specific prescribers were not recorded.

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

- The practice's QOF performance was lower than local and national averages for the long-term conditions' indicators relating to diabetes and hypertension.
- Child immunisation uptake rates were below the World Health Organisation targets.

- We were not satisfied that the practice had an effective system in place to ensure regular medicines and health reviews were undertaken for elderly patients and patients with gestational diabetes.
- We were not satisfied the practice had an effective system for sharing and cascading clinical learning amongst relevant staff.

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

- Since the last inspection in April 2018 there was continuing concerns and patient dissatisfaction regarding; timely access to the practice via telephone; experience of making an appointment; and the appointment times offered.

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

- The overall governance arrangements required improvement.
- The practice did not always have clear and effective processes for managing risks, issues and performance.
- The practice did not always act on appropriate and accurate information.

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

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

For the responsive domain, we rated all the population groups as **requires improvement** as we identified continuing concerns regarding timely access to the service which affected all patients.

For the effective domain, we rated people whose circumstances may make them vulnerable and people experiencing poor mental health as **good**. We rated older people as **requires improvement** because medication reviews for all older patients had not been carried out. We rated people with long-term conditions as **requires improvement** because performance indicators for diabetes and hypertension were below national and local averages. We rated working age people as **requires improvement** because the cervical screening uptake rate

# Overall summary

was below the national target. We rated families, children and young people as **requires improvement** because performance in the uptake of childhood immunisations were below the World Health Organisation targets.

The above ratings of the population groups across the effective and responsive domains resulted in all the population groups being rated as overall **requires improvement**.

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

- Ensure that care and treatment is provided in a safe way (Please see the specific details on action required at the end of this report).
- 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:

- Review how the practice will respond to and meet the needs of patients who request to see a male clinician.
- Continue with efforts to improve the up-take of cervical screening.
- Continue with efforts to improve the uptake for the childhood immunisation programme.

**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

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

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor and a practice nurse specialist advisor.

## Background to Park Lodge Medical Centre

Park Lodge Medical Centre is co-located with Winchmore Surgery and shares all staff and resources and as a combined entity, the two practices are a training practice that trains GP trainees, foundations doctors and nurses. It is located within a modern and purpose-built medical centre within the Winchmore Hill area of north London. It is one of the 50 practices serving the NHS within the Enfield Clinical Commissioning Group.

The practice is provided by three GP partners and is located off the main road which is accessible by local bus and train services. Consultations take place on the ground and first floor. The practice has a lift for patients with limited mobility.

It provides care to approximately 5,500 patients. The practice area population has a deprivation score of 8 out of 10 (1 being the most deprived). The practice serves a predominantly younger population and has a higher than average number of patients who are of working age. The practice cares for a diverse population with approximately 30% of its patients being from black and ethnic minority backgrounds.

The practice holds a GMS (General Medical Services) contract with NHS England. This is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

It is registered with the Care Quality Commission to provide the regulated activities: Diagnostic and screening procedures; Family planning; Maternity and midwifery services; Surgical procedures and Treatment of disease, disorder or injury.

The clinical team consists of three female GP partners, five female salaried GPs, four female practice nurses one female healthcare assistant, a pharmacist, a practice manager and an administrative and reception team.

The practice's opening hours are 8am to 6:30pm on weekdays, with extended hours appointments operating between 6.30pm-8pm on Monday and Wednesdays.

Standard appointments are 10-15 minutes long, with double appointments available to patients who request them, or for those who have been identified with complex needs. Telephone consultations and home visits are available. Appointments can be booked online by patients who have previously registered to use the facility.

The practice has opted out of providing an out-of-hours service. When the practice is closed, patients are redirected to a contracted out-of-hours service. The local Clinical Commissioning Group has commissioned an extended hours HUB service, which operates at two

locations between 6.30pm and 8pm on weeknights and from 8am to 8pm at weekends. The practice is one of the host locations for the HUB service. Patients may book appointments with the service by contacting the practice.

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 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 requirements.

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><b>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</b></p> <ul style="list-style-type: none"><li>• Safety alerts had not been actioned.</li><li>• Influenza vaccinations were not stored appropriately and in accordance with national guidelines.</li><li>• Fire drills had not been regularly carried out and fire marshals had not received appropriate training.</li><li>• Comprehensive health and safety risk assessments had not been carried out.</li><li>• The practice did not follow-up all patients who had been referred into the two-week wait cancer referral system.</li><li>• The practice did not monitor and record blank prescription pads given to specific prescribers.</li><li>• The practice did not record or review the immunisation status of non-clinical staff.</li></ul>
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><b>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:</b></p> <ul style="list-style-type: none"><li>• The systems in place did not ensure patient safety and safe premises.</li><li>• Medication reviews were not completed for all older patients.</li></ul>

This section is primarily information for the provider

## Requirement notices

- There was no effective system for following up patients who had been diagnosed with gestational diabetes.
- The system for improving quality outcomes for childhood immunisations, patients with diabetes and hypertension were not effective.
- There was not an effective system for sharing and cascading clinical learning amongst relevant staff.
- Patients continued to experience difficulties booking an appointment and accessing the practice via telephone.

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