Park House Medical Centre

Inspection report

18 Harvist Road
Queen's Park
London
NW6 6SD
Tel: 020 8969 7711
www.parkhouseharvistroad.co.uk

Date of inspection visit: 21 May 2019
Date of publication: 11/09/2019

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?	**Good**
Are services responsive?	**Requires improvement**
Are services well-led?	**Inadequate**

Overall summary

We carried out an announced comprehensive inspection at Park House Medical Centre on 21 May 2019 as part of our inspection programme.

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.
- Monitoring was required to ensure that appropriate standards of infection control were met.
- There were gaps in systems to assess, monitor and manage risks to patient safety.
- Staff did not always have the information they needed to deliver safe care and treatment.
- The practice did not have appropriate systems in place for the safe management of medicines.
- The practice did not learn and make improvements when things went wrong.

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

- There was limited monitoring of the outcomes of care and treatment and clinical audits did not demonstrate quality improvement.
- The practice was unable to show that staff always had the skills, knowledge and experience to carry out their roles.
- Patient care needs were not always delivered in line with current standards. We were not assured that there was a robust process for patients with long-term conditions to receive a structured annual review to check their health and medicines needs were being met.
- The practice was unable to provide evidence that it always obtained consent to care and treatment.
- Some performance data was significantly below local and national averages and there was insufficient evidence to demonstrate how the practice had analysed and improved on this data. Key staff absence led to low performance in some clinical indicators.

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.
- 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 little evidence of systems and processes for learning, continuous improvement and innovation.

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

- Services provided did not always meet the patient's needs.
- Patients with multiple conditions did not have their needs reviewed in one appointment. They had to attend reviews on more than one occasion.
- Complaints were not always used to improve the quality of care.

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

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.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

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

- Ensure that care and treatment is provided in a safe way.

Overall summary

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure fit and proper persons are employed.

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

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

- Develop a staff rota to ensure adequate staff cover.
- Take action to review performance in areas of low patient satisfaction.
- Try to promote privacy at the reception desk.
- Consider updating the practice website so that patients have access to timely information.

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 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 and a practice nurse specialist advisor.

Background to Park House Medical Centre

Park House Medical Centre is located at 18 Harvist Road, London, NW6 6SD, with good transport links. The provider is registered with CQC to deliver the Regulated Activities of diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury. The practice is located within the Brent Clinical Commissioning Group (CCG) and provides services to 5,257 patients under the terms of a General Medical Services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

Information published by Public Health England, rates the level of deprivation within the practice population group as five, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 81 years compared to the national average of 79 years. Female life expectancy is 87 years, compared to the national average of 83 years. Information from Public Health England states that 58% of the practice population is of a White background with a further 16% of the population originating from the black background. The practice has a higher than the national average number of patients below 18 years of age and a lower than the national average number of patients over 85 years of age.

The practice team comprises of two female GP partners, one sessional GP and two locum GPs, who provide a combination of 26 clinical sessions a week. Also employed is full-time practice nurse and one healthcare assistant who provides 29 hours a week. Non-clinical staff employed include one practice manager, and six administration and reception staff. The practice was part of a network of four practices.

The practice opening hours are between 8.00am and 6.30pm on Monday to Friday. Extended hours are provided between 6.30pm and 8.00pm on Monday and Wednesday. The out of hours services is provided by Care UK. When the practice is closed the details of the 'out of hours' service are communicated in a recorded message accessed by calling the practice and can also be found on the practice website.

Services provided include chronic disease management, phlebotomy, child health surveillance, joint injections and cryotherapy, sexual health counselling and family planning services, ECG monitoring, spirometry, depot injections, TB screening service and cervical screening.

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	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **How the regulation was not being met:** • There were gaps in recruitment records such as, a completed application form or CV and references for one clinical member of staff. • There were no documented induction records in place. • There were two outstanding appraisals since January 2019. • There was no signed contract for a second new member of staff, or proof of entitlement to work. • There were no interview summaries for both of the new staff. • There was no evidence to show how the registration of nursing staff was regularly monitored. **This was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** **The provider had failed to ensure the proper and safe management of medicines;** • The provider did not have effective arrangements in place for the monitoring and security of prescriptions pads and computer prescription paper, both on delivery and when they were distributed through the practice. • The provider did not have arrangements in place to ensure that medicines reviews were being carried out when they were due. • The provider did not have an effective system in place for the monitoring and recording of the availability of emergency equipment and medicine. Evidence showed that emergency medicines checks had only been carried out in May 2019 and the oxygen was not monitored or recorded • The arrangements in place for monitoring patients on high-risk medicines were not in place. • There was no evidence that local or national antimicrobial prescribing guidelines were in use and antibiotic prescribing data was not analysed. • The vaccines fridge was overfilled and the packaging of some vaccines was soggy • The provider did not act on incoming patient safety alerts. • The provider did not have an effective system to learn and improve when things went wrong. • The provider did not have effective arrangements in place to ensure that all staff had received the required immunisations as per Public Health England (PHE) guidelines.

This section is primarily information for the provider

Enforcement actions

The provider had failed to ensure that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely:

- The provider could not demonstrate that all clinical staff had completed the appropriate level of safeguarding children training for their roles.

The provider had failed to ensure that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way:

- The provider had not completed a documented premises and security risk assessments.
- The provider had not ensured that the appropriate action required to replace the digital thermometers that failed the PAT test had been taken.
- The provider did not ensure the high-risk recommendations from the previous Legionella risk assessment had been actioned.
- There was no visual alarm bell in both patient toilets and there was no grab rail in both the patient toilets located on the ground and first floor. A disability access audit had not been carried out.
- The provider had not ensured that their infection control processes were operating effectively. Not all clinical staff were up to date with their infection control training and that all recommended actions from the infection control audit were completed. There were no sanitary bins provided in the practice toilets.

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	**How the regulation was not being met:**
Maternity and midwifery services	There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.
Surgical procedures	In particular we found:
Treatment of disease, disorder or injury	

This section is primarily information for the provider

Enforcement actions

- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively, in particular in relation to staff immunisations, staffing, the management of clinical equipment, fire safety and medicines, medicines management as a whole and mandatory staff training ,such as safeguarding and infection control.
- There were no safeguards in place for patients accessing online services.
- The arrangements for managing sickness absence were not effective.
- The follow up system to improve quality outcomes for patients was ineffective, in particular for cervical cancer screening and those patients with diabetes.
- The provider did not have a robust system for patients with long-term conditions to receive a structured annual review to check their health and medicines needs were being met.
- Clincal audits did not demonstrate quality improvement.
- Areas of high exception reporting had not been analysed and action taken to improve not demonstrated.
- There was no effective failsafe system to audit inadequate cervical screening results.
- Staff absence had an impact on patient care, as patients were recalled by conditions; therefore, those with more than one condition had to attend a review on more than one occasion.
- Patients' ongoing needs were not always fully assessed and updated due to some incomplete care records. There was evidence of incomplete care plans relating to one patient on lithium who did not have a complete mental health template record. Two patients on the palliative care register did not have a care plan in place and one historic care record was completed during the inspection.

This section is primarily information for the provider

Enforcement actions

- The practice was unable to demonstrate how they kept clinicians up to date with current evidence-based practice. Clinical and multi-discipliinary team meetings were not recorded.

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