

# The Medical Centre - Dr Kukar

## Inspection report

The Medical Centre  
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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.

# Overall summary

We carried out an announced desk-based focused inspection of The Medical Centre (Dr Kukar) on 1 October 2020.

The practice was previously inspected on 27 June 2019, when they were rated inadequate overall (inadequate in safe, effective and well-led) and placed in special measures. At that inspection we issued warning notices for breaches of Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance).

A focused follow-up inspection was undertaken on 4 November 2019 to review the warning notices issued at our inspection on 27 June 2019. At this inspection we issued a further warning notice for breach of Regulation 17 (Good governance).

A comprehensive inspection was undertaken on 5 March 2020. At this inspection the practice was rated inadequate overall (inadequate in effective and well-led). The practice remained in special measures. At this inspection we issued a further warning notice for breach of Regulation 17 (Good governance).

The 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](http://www.cqc.org.uk).

This desk-based inspection, on 1 October 2020, was to follow-up on a warning notice in relation to Regulation 17 (Good governance) issued to the provider on 27 March 2020 following a comprehensive inspection on 5 March 2020. At that inspection we found concerns regarding safeguarding, recruitment, infection prevention and control (IPC), medication reviews for high-risk medicines, storage of patients' records, premises risk assessment and patient group directions (PGDs).

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.

This report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory

obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the provider.

## **This was an unrated inspection.**

We found the provider had made improvements in providing **safe** services. In particular we found that the provider had made improvements to their systems and processes in relation to safeguarding, recruitment, infection prevent and control, medication reviews for high-risk medicines, storage of patients' records, premises risk assessments and patient group directions.

We found the provider had made improvements in providing **well-led** services in relation to good governance and had implemented systems and processes in response to the findings of our previous inspection outlined on the warning notice for Regulation 17 (Good governance).

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

- Complete the action plan of the findings of the Infection Prevention and Control (IPC) audit within the stated timeframe.

The service will remain in special measures and this will be reviewed at a follow-up comprehensive inspection in line with our current inspection criteria. This 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 are set out in the evidence table.**

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

**Chief Inspector of Primary Medical Services and Integrated Care**

## Our inspection team

Our desk-based focused inspection team was led by a CQC lead inspector. The team included a GP specialist advisor who undertook a remote clinical note review with the consent of the provider.

## Background to The Medical Centre - Dr Kukar

The Medical Centre (Dr Kukar) operates from adapted premises at 13 Ollgar Close, Shepherds Bush, London W12 0NF. The service 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 approximately 6600 patients and is part of a local network of GP practices called the Northern Network. The practice is part of the Hammersmith and Fulham GP Federation and the NHS North West London Clinical Commissioning Group (CCG).

The practice is registered with the Care Quality Commission as a partnership to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder or injury and maternity and midwifery services.

The practice staff comprises four sessional (locum) GPs, a practice nurse and two healthcare assistants. The team is supported by a GP clinical lead (who does not undertake any face-to-face clinical sessions), a managing partner, a practice manager, an assistant practice manager and six receptionists/administrators.

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 population is ethnically diverse with the majority of Middle Eastern and South-East Asian ethnicities.