

# Stockwell Lodge Medical Centre

## Quality Report

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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.

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced focused inspection on 3 August 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 18 May 2017.

This inspection was undertaken to follow up on a Warning Notice we issued to the provider and the registered manager in relation to:

- Regulation 12; Safe Care and Treatment.

# Summary of findings

The practice received an overall rating of inadequate following our inspection on 18 May 2017 and this will remain unchanged until we undertake a further full comprehensive inspection within six months of the publication date of the report.

We issued a warning notice and this report only covers our findings in relation to the areas identified in the warning notice as inadequate during our inspection in May 2017. You can read the full report from our last comprehensive inspection in May 2017, by selecting the 'all reports' link for Stockwell Lodge Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Our key findings across all the areas we inspected were as follows:

- The practice had complied with the warning notice we issued and had taken the action required to comply with legal requirements.
- The practice had made improvements to the system for the management of patients receiving medicines that require monitoring, including high risk medicines and an effective process for clinical documentation.
- The practice had improved the standards of cleanliness and hygiene at the practice. There were cleaning schedules and monitoring systems in place.
- Infection prevention control (IPC) audits had been carried out and action plans were being developed by the practice IPC nurse with support from the East and North Hertfordshire Clinical Commissioning Group (CCG) lead.
- Lead members of staff with IPC responsibilities had undergone appropriate training for the role.
- Health and safety risk assessments had been undertaken in June 2017 and we saw evidence of action plans for both general health and safety throughout the practice including legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) with required testing measures in place.
- An electrical wiring test had taken place and we saw evidence of a five year electrical wiring certificate dated June 2017.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Stockwell Lodge Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector supported by a member of the CQC medicines management team.

## Background to Stockwell Lodge Medical Centre

Stockwell Lodge Medical Centre provides a range of primary care services to approximately 13,400 patients who live in Cheshunt, Waltham Cross, Hertfordshire.

The practice population is of mixed ethnic background with a slightly higher than average male population aged between 20 to 34 years and 50 to 64 years of age and female patients this is higher for those aged between 45 and 64 years of age. National data indicates the area served is of low deprivation in comparison to England as a whole and has low levels of unemployment.

The service operates from a two storey building with a preventative care unit adjacent. The reception area is equipped with electronic patient arrival registration screens and a hearing loop for patients with hearing impairment. There is car parking available for patients with designated disabled bays.

The clinical team consists of four GP partners (three male and one female), a female salaried GP, a locum practice nurse, two health care assistants (one male, one female) and two pharmacists. The team is supported by a practice manager and a team of reception and administration staff.

The practice holds a General Medical Services (GMS) contract for providing services, which is a nationally agreed contract between general practices and NHS England for delivering general medical services to local communities. The practice is registered with the CQC to undertake a number of regulated activities; diagnostic and screening procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury.

The practice is open between 8am and 6.30pm Monday to Friday with extended hours appointments available on Monday, Tuesday and Wednesday mornings from 7.30am and Monday and Tuesday evenings until 8pm and 7.30pm respectively.

When the practice is closed the out of hours service is provided by Herts Urgent Care Services for patients requiring the services of a GP. Information about this is available in the practice and on the practice leaflet, website and telephone line.

#### Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

# Detailed findings

## Why we carried out this inspection

We carried out an announced focused inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was carried out to check that improvements had been made to meet legal requirements in respect of safe care and treatment following our comprehensive inspection on 18 May 2017.

The areas identified as requiring improvement in the warning notice were as follows:

- We found that the system for checking the monitoring of high risk medicines was not effective.
- We found some patients receiving medicines that required monitoring had not received the appropriate checks.
- There were no risk assessments in place to monitor health and safety of the premises such as legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- There was insufficient evidence provided for the health and safety risk assessment and no action plan.
- The standards of cleanliness and hygiene in the practice were poor and actions identified in the IPC audit had not been completed.
- A member of the IPC team had not undergone appropriate training.
- The practice was unable to provide evidence of a five year electrical wiring certificate.

## How we carried out this inspection

After our comprehensive inspection on 18 May 2017, we issued a warning notice to the provider and informed them they must become compliant within the law by 3 August 2017. We carried out an announced focused inspection on 3 August 2017.

# Are services safe?

## Our findings

During our focused inspection 3 August 2017 we found that the practice had taken proactive steps to address the areas in relation to safe care and treatment as set out in the Warning Notice issued to the practice.

When we inspected the practice in May 2017 we found patients receiving medicines that require monitoring, including high risk medicines were at risk of harm because these patients were not being monitored appropriately and some of these patients had not received the required checks.

During our inspection in May 2017 we found that the practice had not maintained appropriate standards of cleanliness and hygiene. Infection control audits were incomplete and identified actions had not been carried out. Carpets throughout the practice were dirty and desks were dusty and some were cluttered. There was a mat in the entrance corridor which had several large tears which could have presented a trip hazard. Spillage kits were available however these were found to be out of date. Sharps bins were not properly utilised within the recommended timescales.

We also found that there were no risk assessments in place to monitor health and safety of the premises such as general health and safety and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice had no electrical hard wiring certificate.

During our inspection we found the baby change unit did not have a weight restriction notice or was not fitted with safety straps, the unit was made of wood and therefore was not of a suitable material that could be easily cleaned.

These areas had improved when we undertook a focused inspection on 3 August 2017.

### Overview of safety systems and processes

The practice had started to introduce a new system that ensured patients who were prescribed high risk medicines were monitored appropriately. The process was not fully embedded but we saw that improvements had been made. For example, we reviewed a sample of patient records and saw that the appropriate blood tests had been carried out and recorded as appropriate. We saw the prescription clerks checked the test results had been reviewed by a

clinician before issuing the next prescription. However, when checking blood tests for patients receiving warfarin, (an anticoagulant used to reduce the risk of blood clots) staff did not always take into account the different monitoring intervals for individual patients set by the anticoagulant clinic.

Although the prescribing policy had yet to be updated to ensure staff had a clear understanding of their role in the process, the practice manager was able to describe the plans and we saw evidence that a discussion had taken place at a practice clinical meeting and confirmation that the prescribing policy was due to be updated and shared with all staff. Elements of the new process were not in place yet such as routine monitoring to check that tests were up to date, dealing with prescription requests from patients whose blood tests were overdue and auditing the effectiveness of the new process however prescriptions for individual patients were being issued safely.

### Monitoring risks to patients

The practice had improved the standards of cleanliness and hygiene at the practice. We observed the premises were now visibly clean and tidy. There were cleaning schedules and monitoring systems in place. The flooring had been replaced in the entrance area and throughout the majority of the clinical rooms with the remainder to be completed imminently.

We found that the practice nurse who was the infection prevention and control (IPC) clinical lead had liaised with the local infection prevention team and had undertaken an IPC audit. The action plan required to address any identified concerns was being developed by the practice IPC nurse with support from the East and North Hertfordshire Clinical Commissioning Group (CCG) lead.

Health and safety risk assessments had been undertaken in June 2017 and we saw evidence of action plans for both general health and safety throughout the practice including legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) with required testing measures in place. The practice had procured the services of a business support company to assist with the management of maintenance and monitoring of the building.

An electrical wiring test had taken place and we saw evidence of a five year electrical wiring certificate dated June 2017.

## Are services safe?

The baby changing unit was still in situ however there was a notice advising patients it was not to be used, we saw evidence that a replacement had been ordered.