

Drs Eno and Partners

Inspection report

The Trinity Medical Centre
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Date of inspection visit: 29 June and 4 July 2022
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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.

Ratings

Overall rating for this location

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Inadequate 

Are services caring?

Requires Improvement 

Are services responsive to people's needs?

Inadequate 

Are services well-led?

Inadequate 

Overall summary

We carried out an announced inspection at Dr Eno and Partners (Trinity Medical Centre) between 29 June and July 4 2022. Overall, the practice is rated as inadequate.

Safe - Inadequate

Effective - Inadequate

Caring – Requires improvement

Responsive - Inadequate

Well-led - Inadequate

Following our previous inspection on 13 October 2021, the practice was rated Inadequate overall and was placed into special measures on 2 February 2022.

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 initially a follow-up to confirm that the practice had carried out their plan to meet the legal requirements set out in warning notices we issued to the provider in relation to regulation 12 Safe care and treatment and regulation 17 Good governance. Due to risks and concerns found during the first day on site on 29 June 2022, the visits were expanded into a full comprehensive inspection to consider all areas. We followed up on the areas below which were identified at the last inspection which included:

- Patient records did not demonstrate those on high-risk medicines or with long-term conditions had sufficient monitoring to ensure their safety;
- 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 did not provide us with evidence that all staff had received infection prevention and control training;
- Sharps bins were not maintained in line with guidance;
- Not all patients' medical records were kept up to date and accurate;
- We saw little evidence of systems and processes for learning, continuous improvement and innovation.
- 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;
- 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;
- 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;

Overall summary

- The way the practice was led and managed did not promote the delivery of high-quality, person-centred 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;
- Do not attempt CPR forms and mental capacity assessments were not always completed correctly or in line with legislation;
- Prescription stationary was not being stocked or logged securely;
- Appliances and equipment had not been tested for safety;
- The practice did not have an active patient participation group;
- No infection control or health and safety audits had been completed within the last year;
- There were no fire risk assessments completed;
- The safeguarding policy was out of date and ineffective;
- The practice was missing some emergency medicines.

We found five breaches of regulations. The provider was told that they **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 effective 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 told the provider that they **should**:

- Work to improve practice performance of its childhood immunisations, cervical screening and monitoring prescribing of antibiotics.
- 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.
- Review the practice website regularly and ensure it contains the correct and necessary information to allow patients to access a wide variety of services.

How we carried out the inspection

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

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:

- Receiving staff feedback via email.
- 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.

Overall summary

- Requesting evidence from the provider.
- Two site visits.

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.
- Information from the provider, patients, the public and other organisations.

We have rated this practice as Inadequate overall

We found that:

- Patient records did not demonstrate those on high-risk medicines or with long-term conditions had sufficient monitoring to ensure their safety;
- 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 did not provide us with evidence that all staff had received infection prevention and control training;
- Sharps bins were not maintained in line with guidance;
- Not all patients' medical records were kept up to date and accurate;
- We saw little evidence of systems and processes for learning, continuous improvement and innovation;
- There were not enough staff throughout the practice;
- 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 little evidence of learning from complaints, or that they were used to drive quality improvement at the practice;
- 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;
- 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;
- 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 and there was a high staff turnover;
- 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;
- Do not attempt CPR forms and mental capacity assessments were not always completed correctly or in line with legislation;
- Prescription stationary was being stocked and logged securely;
- Appliances and equipment had been tested for safety;
- There was an active patient participation group;
- Infection control and health and safety audits had been completed within the last year;

Overall summary

- A fire risk assessment had been completed;
- The safeguarding policy was up to date;
- All recommended emergency medicines were stocked.

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.

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 second inspector who spoke with staff and undertook site visits. The team included a GP specialist advisor who completed clinical searches and records reviews without visiting the location.

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, one full time practice nurse and one part-time practice nurse. A pharmacist is allocated to the practice two sessions per week from the Primary Care Network (PCN). The clinical team are supported by an assistant business manager, a 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.