

Dr Carl Chang (known as Bush Hill Park Medical Centre)

Quality Report

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Date of inspection visit: 24 May 2017

Date of publication: 12/07/2017

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 service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Carl Chang (also known as Bush Hill Park Medical Centre) on 30 March 2016. The overall rating for the practice was Requires Improvement. The full comprehensive report on the March 2016 inspection can be found by selecting the 'all reports' link for Dr Carl Chang on our website at www.cqc.org.uk.

At our previous inspection in March 2016, we rated the practice as Requires Improvement for providing safe, effective and well-led services. At this time included amongst the issues we identified, was the practice could not provide sufficient evidence to confirm that clinical staff had specific training to administer vaccines and to conduct cervical screening. In addition, the practice did not have defibrillator and did not have the required mask for a child or the oxygen held at the practice.

This inspection was an announced focused inspection carried out on 24 May 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 30 March 2016. This report covers our findings in relation to those requirements and also additional improvements made

since our last inspection. At this inspection, we found that the practice had made improvements to provide safe, effective and well-led services. As a result of these findings, the practice is now rated as Good for providing safe, effective and well-led services.

The change in the ratings for safe, effective and well-led, means that the practice is now rated as Good overall.

Our key findings were as follows:

- All practice staff had undertaken basic life support training within the last 12 months.
- The practice had access to a defibrillator. Oxygen held on site had both adult and child masks.
- Practice policies and procedures had been recently reviewed and updated where required. This included systems for managing incidents and significant events as part of the requirements under the Duty of Candour and a revised business continuity plan.
- The practice had a system in place to ensure that all emergency medicines held were in date.
- Clinical staff had undertaken training to ensure competence in administering vaccines and conducting cervical screening.
- The practice conducted regular fire drills. All staff members had been trained in what to do in the event of a fire.

Summary of findings

- All staff had an appraisal within the last 12 months and there was an induction programme for new staff.
- The practice had devised a business strategy with proposed plans for the practice over the next five years.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- Staff understood their responsibilities to raise concerns and to report incidents. When there were unintended or unexpected safety incidents, reviews and investigations by the practice were thorough enough and lessons learned were communicated widely enough to support improvement.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had a number of defined system, processes and practices in place to keep patients safe.
- All emergency medicines we checked were in date.
- All members of staff had received basic life support training during the past 12 months.

Good



Are services effective?

The practice is rated good for providing effective services.

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all established staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs

Good



Are services well-led?

The practice is rated as good for being well-led.

- The practice had a vision and a strategy and all staff were aware of this and their responsibilities in relation to it. There was a documented leadership structure and staff felt supported by management and knew who to approach with issues.
- The practice had a recently reviewed their policies and procedures to govern activity. review.
- The practice had an up-to-date Business Continuity Plan which detailed what to do and who to contact in the event of the plan being actioned.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The provider had resolved the concerns for safety, effective and well-led identified at our inspection on 30 March 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for safety, effective and well-led identified at our inspection on 30 March 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for safety, effective and well-led identified at our inspection on 30 March 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safety, effective and well-led identified at our inspection on 30 March 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety, effective and well-led identified at our inspection on 30 March 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety, effective and well-led identified at our inspection on 30 March 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Dr Carl Chang (known as Bush Hill Park Medical Centre)

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist advisor.

Background to Dr Carl Chang (known as Bush Hill Park Medical Centre)

Bush Hill Park Medical Centre is located in a residential area of Enfield, North London. The practice is located in privately owned premises on a small residential road. Patients can access the practice by car, with parking available outside the practice or by public transport, with a bus stop located approximately five minutes' walk from the practice.

There are approximately 2200 patients registered at the practice. Statistics shows moderate deprivation levels among the registered population. Information published by Public Health England rates the level of deprivation within the practice population group as six on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The registered population is higher than the national average for those aged between 20-69.

Care and treatment is delivered by two part-time GP partners (one male and one female). Five administrative and reception staff work at the practice and are managed by one of the partner GP's. The practice does not employ a practice nurse or a healthcare assistant.

The practice is open at the following times:-

- 8:00 - 8:00 (Mondays, Wednesdays)
- 8:00 - 7:30 (Tuesdays, Fridays)
- 8:00 - 1:30 (Thursdays)

Clinical sessions are run during the following times:-

- 9:00 - 11:15 (Monday - Friday)
- 4:00 - 7:00 (Mondays, Wednesday)
- 4:00 - 6:00 (Tuesdays, Fridays)

Extended hours consultations are held every Monday and Wednesday between the times of 6:00pm -7:00pm.

Patients can book appointments in person, via the phone and online. Outside of normal working hours, patients are advised to contact the local out of hours service provider on telephone number 111.

The practice has a General Medical Services (GMS) contract and conducts the following regulated activities:-

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury
- Maternity and midwifery services
- Family planning

Detailed findings

Enfield Clinical Commissioning Group is the local commissioning team for this practice.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Carl Chang (also known as Bush Hill Medical Centre) on 30 March 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on March 2016 can be found by selecting the 'all reports' link for Dr Carl Chang on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Dr Carl Chang on 24 May 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

During our visit we:

- Spoke with a range of staff which included two GP partners, one office manager and one receptionist.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Looked at information the practice used to deliver care and treatment plans.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection on 30 March 2016, we rated the practice as requires improvement for providing safe services as the practice did not have adequate arrangements in place to deal with a medical emergency. In addition, the practice could not evidence clinical competence for administering vaccinations and conducting cervical screening and arrangements for managing medicines were not adequate as we found a number of medicines which were not fit for purpose at the practice.

These arrangements had improved when we undertook a follow up inspection on 24 May 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

There was an effective system in place for reporting and recording significant events

- Staff told us they would inform the practice partners and other members of staff regarding any incidents and there was a recording form available on the practice's computer system. We reviewed significant events discussions and lessons were shared between the partners to make sure action was taken to improve safety in the practice. We viewed staff meeting minutes which showed all members of the practice staff had been included in the discussions or analysis about the significant events. The practice had put in place a timetable to ensure that learning from significant events was incorporated into practice policy and that changes as a result were monitored by the practice partners.
- The GP partners were aware the Duty of Candour and could demonstrate how they complied with the requirements when there was an unexpected or unintended safety incidents. The practice could demonstrate how they gave affected people reasonable support, truthful information and a verbal and written apology. At this inspection, we saw evidence that the practice had a specific policy in place to record when incidents occur and what the practice did to respond to these incidents in the light of the duty of candour.

Overview of safety systems and process

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. We saw evidence that the practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments, and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use. The practice had risk assessments in place to monitor safety of the premises such as and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings), and had a current Control of Substances Hazardous to Health (COSHH) assessment in place.

Arrangements to deal with emergencies and major incidents

- The inspection team saw evidence that all staff had received annual basic life support training during the last 12 months.
- The practice had acquired a defibrillator and oxygen was available at the practice with adult and children masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had an updated comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 30 March 2016, we rated the practice as requires improvement for providing effective services as the practice GP partners were not able to evidence competence in administering vaccines and conducting cervical screening. In addition, the practice did not have an established system to record compliance with NICE guidance.

These arrangements had improved when we undertook a follow up inspection on 24 May 2017. The practice is now rated as good for providing effective services.

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments and audits.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example, those reviewing patients with long-term conditions. We saw evidence of that both GP partners had attended courses within the last 12 months relating to administering vaccinations and, that one of the GP partners had attended a course on collecting cervical screening samples.
- We saw evidence that all members of staff had undertaken basic life support training within the last 12 months.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear, the GP assessed the patient's capacity and recorded the outcome of the assessment, with the exception of recording consent for administering childhood vaccinations. When we spoke to the GP partners about this, they explained that had not noted in the past due to children being brought in with their parents/guardian and consent was gained verbally from parent before vaccine administered. They assured the inspection team that records relating to children receiving vaccines will in future reflect that consent has been gained from parent/guardian.
- The process for seeking consent was monitored through patient records audits.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

At our previous inspection on 30 March 2016, we rated the practice as requires improvement for providing well-led services as there was no overarching governance structure.

These arrangements had improved when we undertook a follow up inspection on 24 May 2017. The practice is now rated as good for being well-led.:

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a statement of purpose and staff knew and understood the values.

- At this inspection, we saw that the practice had in place a business strategy and supporting plans which reflected the statement of purpose and these were regularly monitored.

Governance arrangements

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, the inspection team saw an up-to-date business continuity plan which contained contact details for key personnel and detailed who to contact and what to do in the event of the continuity plan having to be actioned.
- A programme of continuous clinical and internal auditing had been undertaken at the practice which was used to monitor quality and to make improvements.