

# The Stanmore Medical Centre

## Inspection report

[www.stanmoremedicalcentre.co.uk](http://www.stanmoremedicalcentre.co.uk)

Date of inspection visit: 25 April 2019

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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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



# Overall summary

We carried out an announced comprehensive inspection at The Stanmore Medical Centre on 25 April 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 requires improvement overall and for all population groups.**

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

- The practice did not have clear systems and processes to keep patients safe. This included recruitment checks, staff immunisations, equipment checks, fire and health and safety, infection control and mandatory staff training.
- The processes in place to protect patients from avoidable harm required improvement. This was in relation to the timely review of pathology results, significant events and near misses.
- Not all staff had received training on identifying deteriorating or acutely unwell patients. They were not aware of actions to take in respect of such patients.
- The practice did not have appropriate systems in place for the safe management of medical gases, medicines and prescriptions.

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

- The practice was unable to demonstrate what action had been taken to improve patient experience in relation to listening to patients and treating them with care and concern.
- Privacy screens were not provided in all clinical rooms.

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

- Patients did not always receive timely access to the practice.
- There was limited evidence to show what learning took as a result of complaints.

We rated the practice as **requires improvement** for providing well-led services because:

- Leaders could not always demonstrate 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.
- The systems for continuous learning and improvement were not always implemented effectively.

These areas affected all population groups so we rated all population groups as **requires improvement**

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

- Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.
- The practice had taken steps to improve their cervical cancer screening uptake.
- The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.
- The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles, although some monitoring was required.

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

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure recruitment procedures are established and operated effectively.

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

# Overall summary

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

- Improve the display of chaperone notices around the practice.
- Continue to monitor and improve the cervical screening uptake rates.
- Take action to install a hearing loop.

**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

<b>Older people</b>	<b>Requires improvement</b> 
<b>People with long-term conditions</b>	<b>Requires improvement</b> 
<b>Families, children and young people</b>	<b>Requires improvement</b> 
<b>Working age people (including those recently retired and students)</b>	<b>Requires improvement</b> 
<b>People whose circumstances may make them vulnerable</b>	<b>Requires improvement</b> 
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Requires improvement</b> 

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor, a practice nurse specialist advisor and a practice manager specialist adviser.

## Background to The Stanmore Medical Centre

The Stanmore Medical Centre is located at 85 Crowshott Avenue, Stanmore, Stanmore, HA7 1HS. The branch surgery is located at Stanmore Park Medical Centre, William Drive, Stanmore, HA7 1HS. The branch surgery at William Drive was visited as part of the inspection. The surgery has good transport links and there is a pharmacy located nearby.

The provider is registered with CQC to deliver the Regulated Activities; 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 Harrow Clinical Commissioning Group (CCG) and provides services to 13,748 patients under the terms of a personal medical services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The Stanmore Medical Centre provides primary medical services to approximately 13,748 patients living in Harrow. This includes 180 patients looked after in seven homes exclusively by the practice. Information published by Public Health England, rates the level of deprivation within the practice population group as eight, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy

is 83 years compared to the national average of 79 years. Female life expectancy is 86 years, compared to the national average of 83 years. Information from Public Health England states that 49% of the practice population is a White background with a further 38% of the population originating the Asian 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 below four years of age.

The practice team comprises of two male GP partners, six male and female salaried GPs who provide a combination of 40 clinical sessions, two practice nurses, two enhanced nurses, a phlebotomist and healthcare assistant. Also employed are two practice managers and 15 reception and administration team members. The practice also employs a regular locum nurse and a clinical pharmacist. The practice is also registered as a training practice, with an intake of registrars and Foundation Year two (FY2) doctors. The practice was also part of the Harrow East Primary Care network of five practices.

The practice opening hours are between 8.00am and 6.30pm on Monday to Friday at Crowshott Avenue. The opening hours for William Drive are between 8.30am and

2.00pm on Monday, Wednesday and Friday and between 8.30am and 6.30pm on Tuesday and Thursday. The practice also provides care to Harrow boys school only between 7.30am and 10.30am on Monday to Friday and between 7.30am and 8.30am on Saturday. Extended hours at William Drive are between 6.30pm and 8.00pm on Tuesday and between 9.00am and 10.30am on alternate Saturdays. The out of hours services is provided by Care UK.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• Not all staff were aware of the safeguarding lead.</li><li>• The provider had failed to ensure the proper and safe management of medicines.</li><li>• There had been no buddy system in place for reviewing blood test results, as one abnormal blood result had not been reviewed until the requesting GP had returned to work.</li><li>• Significant events were not always appropriately managed and not always reported to the relevant external bodies.</li></ul> <p><b>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:</b></p> <ul style="list-style-type: none"><li>• The provider had not carried out regular fire drills and ensured that fire risk assessments were carried out in a timely manner to ensure that the building complied with fire safety regulations</li><li>• The provider had not carried out a risk assessment or ensured that the storage of nitrogen used for minor surgery was stored in a safe way.</li><li>• The provider had not acted on the recommended actions from the previous legionella risk assessment, or carried out annual risk assessments as stated in their policy.</li><li>• A disability access audit had not been carried out, despite an annual audit requirement in the policy.</li><li>• There was no up to date infection control audit and not all staff had received infection control training. Issues found in relation to infection control included, cleaning equipment and handling clinical waste.</li></ul>

This section is primarily information for the provider

## Requirement notices

- 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 an effective system in place for the monitoring and recording of the availability of emergency equipment and medicine. Risk assessments were not carried out to determine the range of medicines held.
- The vaccines fridge only contained one thermometer and not the recommended two thermometers which included one independent of the mains power. There was no sign on the fridge to prevent it from being accidentally switched off.

**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 some clinical staff had completed the appropriate level of safeguarding children training for their roles.
- The provider had not ensured that all clinical and non-clinical staff were trained in identifying deteriorating or acutely unwell patient's suffering from potential illnesses such as sepsis.

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

### Regulated activity

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

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**How the regulation was not being met:**

There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.

In particular, we found:

This section is primarily information for the provider

## Requirement notices

- The child safeguarding policy did not have a review date and did not take into account patients accessing online services.
- The provider had failed to ensure that recruitment checks and completed inductions for three new staff were carried out according to guidance.
- The practice did not ensure that all staff were up to date with all their vaccinations in line with current Public Health England (PHE) guidance.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively, in relation to the monitoring of equipment checks, health and safety risk assessments, infection control, emergency equipment, medicines management as a whole, significant events and staff mandatory training.
- The follow up system to improve quality outcomes for patients was ineffective, in particular for childhood immunisations and antibiotic prescribing.
- The practice was unable to demonstrate what action had been taken to improve patient experience in relation to listening to patients and treating them with care and concern.
- Privacy screens were not provided in all clinical rooms.

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

### Regulated activity

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

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

#### **How the regulation was not being met:**

- We reviewed three new staff employment records and saw that there was no interview summary for one new administration member of staff.
- There was no full employment history, signed contracts and second references for all three staff and signed confidentiality records for two staff.
- There were no completed induction records for three new members of staff.

**This was in breach of regulation 19 (1) (2) of the Health**



This section is primarily information for the provider

## Requirement notices

and Social Care Act 2008 (Regulated Activities)  
Regulations 2014