

# Dr Amobi and partners

## Inspection 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.

### Ratings

#### Overall rating for this location

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



# Overall summary

We carried out an announced comprehensive inspection at Dr Amobi and Partners on 23 January 2019. 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.**

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 fire safety including training, sharps bins, vaccines fridge temperature monitoring, medicines management, significant events and reading and acting on patient safety alerts.
- The practice did not ensure that staff vaccinations was maintained in line with current Public Health England (PHE) guidance.
- Although there was guidance on identifying deteriorating or acutely unwell patients, some staff were not always aware of the responding to emergencies procedure.
- The practice did not have appropriate systems in place for the safe management of emergency medicines.

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

- Staff had the skills, knowledge and experience to carry out their roles; however, monitoring was required to ensure that all clinicians had clear knowledge of evidence based guidelines.
- The practice was able to show that it always obtained consent to care and treatment.
- One of the GPs had a lead role at the Brent Centre for Young People, which provided support and counselling for young people with mental health issues.
- The practice worked together with other local practices in the community to provide education and support to the Somali community and to increase childhood immunisation uptake.

- Performance was mostly in line with local and national averages; however, some areas such as cancer screening rates and exception reporting required monitoring.

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

- Staff treated patients with kindness, respect and compassion.
- Feedback from patients was mostly positive about the way staff treat people, although some patients highlighted issues with some staff attitude.
- The practice worked closely with their local food bank to support and identify vulnerable individuals or families that had not registered with a GP.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion for consultations with GPs and nurses.

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

- The practice organised much of its services to deliver services to meet patients' needs.
- Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.
- There was no evidence from the meeting minutes provided that complaints were discussed and learning shared.

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

- The overall governance arrangements were ineffective. This related to safety systems and processes.
- The practice did not have clear and effective processes for managing risks, issues and performance.

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

- Ensure that care and treatment is provided in a safe way.

# Overall summary

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

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

- Take action to update equipment calibration records. .
- Continue to monitor and improve on clinical indicators where performance is not as expected. This includes high areas of exception reporting, cancer screening and childhood immunisations.

- Continue to improve the identification of carers.
- Improve the complaints log to provide sufficient information and ensure wider learning from complaints is shared.

**Details of our findings and the evidence supporting our ratings are set out in the evidence tables.**

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

## Population group ratings

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

## Our inspection team

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

## Background to Dr Amobi and partners

Dr Amobi and partners, also known as Brentfield Medical Centre is located at 10 Kingfisher Way, Brentfield Road, Neasden, London, NW10 8TF. The practice operates from a single storey purpose built health centre and all treatment and consulting rooms are fully accessible. There is wheelchair access to the entrance of the building and disabled toilet facilities. There are parking facilities on site and good transport links by bus service.


The practice lies within the administrative boundaries of NHS Brent Clinical Commissioning Group (CCG) and is a member of the Harness network in the Brent locality. The provider is registered with CQC to provide the Regulated Activities; diagnostic and screening procedures and treatment of disease, disorder or injury, surgical procedures, family planning, maternity and midwifery services.

The practice provides primary medical services to approximately 9,150 patients living in Brent. Information published by Public Health England, rates the level of deprivation within the practice population group as one, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 78 years compared to the national average of 80 years. Female life expectancy is 83 years compared to the national average of 85 years. Information published in the Brent Joint Strategic Needs Assessment


shows that the practice had the highest levels of deprivation of any practice in the area with large populations of Travellers, Black Caribbean, Black African and Eastern European patients. 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 from 75 years of age.

The practice team comprises of three GP partners, two female and one male. There are three female salaried GPs. They provide a combination of 44 sessions a week. The clinical team is completed by one practice nurse who works part time, a senior healthcare assistant, a part-time mental health assistant, two medical assistants and one phlebotomist, They are supported by a practice manager who is also a managing partner, an assistant practice manager, finance and HR manager, a customer service manager and nine administrative and reception staff.

The practice opening hours are between 8:30am to 6.30pm on Monday to Friday. Extended hours are offered on Monday between 6.30pm and 7.00pm and telephone consultations are offered on Friday between 6.00am and 8.00pm. Extended nurse-led appointments are offered every first Saturday of the month between 9.00am and 1.00pm. As part of the Harness network of 21 practices, they also offer urgent care at a walk-in centre between 8:00am and 8:00pm from Monday to Friday and which



provides GP appointments at a local hub which is open between 6:00 pm and 9:00pm from Monday to Friday, between 9:00am and 6:00pm on Saturdays and 9:00am and 3:00pm Sundays. The out of hours services (OOH) are provided by Care UK.



The practice provides a wide range of services which include chronic disease management, child health surveillance, smoking cessation, cervical screening, phlebotomy, family planning and flu immunisations.

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>• The provider had failed to ensure the proper and safe management of medicines. There were no effective arrangements in place for the monitoring of prescription safety.</li><li>• There were no repeat prescribing limits for patients on long term medicines.</li><li>• The provider had not carried out a comprehensive fire risk assessment. The risk assessment in place did not fully assess emergency routes and exits, fire detection and warning systems, or the needs of vulnerable people.</li><li>• Sharps bins were not signed and dated.</li><li>• The provider did not ensure that during staff absences, staff carried out the necessary vaccines fridge temperature checks.</li><li>• The provider did not have an effective system in place for the monitoring and recording of the availability of emergency equipment and medicine.</li></ul> <p><b>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p><b>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:</b></p>

This section is primarily information for the provider

## Requirement notices

- 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, despite a contagious disease notification.
- Information governance processes were not always monitored. This was in relation to access to clinical data, information not kept securely and clinical waste bins not securely shut, exposing patient identifiable information.
- The monitoring of stock levels and expiry dates of emergency medicines was not appropriately managed. The recorded stock levels did not accurately reflect the actual stock levels.
- Not all significant events were recorded. We found that one reported paediatric anaphylaxis incident had not been recorded on the significant event log submitted by the provider. The significant events analysis log also recorded actions taken and outcome but it did not always record what learning took place as a result.
- The provider did not have a system in place to ensure that all staff read and acted on patient safety alerts. This included the sodium valproate alert which had not been actioned.
- There were gaps in mandatory staff training for fire safety and there was not effective oversight to ensure that all staff were clear on their roles and accountabilities in respect of understanding the emergency response procedure, NICE guidelines and ensuring that they read incoming patient safety alerts.

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