

# The Monteiro Clinic North

## 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

Are services well-led?

# Overall summary

**This service is not rated in this inspection.** There were two previous inspections. The first inspection was carried out on 17 April 2019, when the service was rated as inadequate overall and for providing safe, effective or well led care. It was rated as requires improvement for caring and responsive. Following the inspection warning notices were issued, and a condition was put in place which prevented nursing staff working across any sites operated by the provider.

A further unrated inspection was carried out on 4 July 2019, where we found that the service was not providing safe, effective, caring, responsive or well led services. We found that:

- Although the service had a policy in place to manage patients who had been prescribed high risk medicines, we found serious concerns regarding the management of patients prescribed these medicines.
- We found concerns regarding the management of patient care which was not provided in accordance with best practice and national guidance.
- Practice nurses had not undertaken specific role training or been competency checked and we found they had been working whilst subject to an urgent condition imposed the Care Quality Commission to prevent them from doing so.
- There was limited evidence of a safe system and processes in place regarding safeguarding children and vulnerable adults.
- The clinical IT system at the practice systems were difficult to audit, and doctors at the practice seemed unaware where on the patient record to include information.
- There was a lack of clinical governance and oversight for patient care.

- The service did not recognise or record all significant events.
- The service did not have an adequate clinical audit system in place to ensure quality improvement.

On the basis of this inspection, a condition was placed on the provider's registration so that it could not provide medical care at this location.

We carried out this announced focussed inspection at The Monteiro Clinic on 24 September 2019. The provider had provided information about changes they had made to systems which they said addressed the concerns raised in the report of 4 July, and which were also relevant to another service (Monteiro Clinic Limited), which had been prevented from providing clinical care on an inspection of 10 July. The purpose of this inspection was to allow the provider an opportunity to detail those areas where improvements had been made, and for CQC to review these systems prior to a formalised appeal of the cessation of medical care at these two services.

We found that:

- The service had appointed a new Clinical Director in order to address the issues of poor practice detailed in the last inspection which led to conditions being placed on the provider's registration.
- The provider did not have formalised plans in place to address all of the areas of concern found in the inspection of June 2019.
- Formal governance procedures in place at the time of the inspection, or formally planned subsequently, were not sufficient to assure CQC that safe and effective care could be provided.

**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.  
The team included a further CQC inspector.

## Background to The Monteiro Clinic North

The Monteiro Clinic North is located at 7 Craven Park Road, Harlesden, London, NW10 8SE, in the London borough of Brent.

The provider is registered with the Care Quality Commission (CQC) to deliver the regulated activities: treatment of disease, disorder or injury, and diagnostic and screening procedures.

Services provided include: management of long-term conditions; gynaecological assessment; dressings; childhood immunisations; blood and other laboratory tests; travel vaccines; and ear syringing. Patients can be referred to other services for diagnostic imaging and specialist care.

The service is open Monday to Friday from 9am to 7pm and on Saturday 9am to 4pm and does not offer out of hours care. The provider's website can be accessed at .

At the time of the inspection, the service was not providing regulated medical services following a condition imposed by CQC, although dental services were still being provided at the location.

### **How we inspected this service**

During our visit we interviewed staff and reviewed documents.

# Are services well-led?

At our previous inspection on 4 July 2019, we found the following areas of concerns in relation to the provision of safe services that contributed to our decision to issue a condition which prevented the service from providing medical care at the site:

- Although the service had a policy in place to manage patients who had been prescribed high risk medicines, we found serious concerns regarding the management of patients prescribed these medicines.
- We found concerns regarding the management of patient care which was not provided in accordance with best practice and national guidance.
- Practices nurses had not undertaken specific role training or been competency checked and we found they had been working whilst subject to an urgent condition imposed by the Care Quality Commission which prevented them from doing so.
- There was limited evidence of a safe system and processes in place regarding safeguarding children and vulnerable adults.
- The clinical IT system at the practice systems were difficult to audit, and doctors at the practice seemed unaware where on the patient record to include information.
- There was a lack of clinical governance and oversight for patient care.
- The service did not recognise or record all significant events.
- The service did not have an adequate clinical audit system in place to ensure quality improvement.

At our inspection on 24 September 2019, we found the following:

- The service had appointed a new self-employed Clinical Director who was due to take up post on 1 October 2019. The new Clinical Director was, at the time of the inspection, also employed as a salaried GP at an NHS practice. He was also a GP and Director of a private GP service. The Clinical Director was not able to provide specific detail of the amount of time that he would spend at the practice, but said that he would be there at least one day per week and would be available at weekends.
- The service had a contract in place to introduce a new clinical records system (EMIS) to the practice. This was not in place at the time of the inspection, and was due to be implemented in October. The CQC team were

therefore unable to see how the service would implement a system designed for an NHS practice into an independent healthcare location. Managers at the practice told us that this would address the prescribing issues at the practice. Although prescribing flags may be added to such a clinical database, it would not ensure that good prescribing practice was always followed.

- The provider told us that they had made amendments to the existing database (prior to the implementation of EMIS) such that clinical advice was available to GPs at the service at the time that they were prescribing, particularly where it related to long term conditions. Managers told us that they felt that this would improve prescribing. Alerts were in place for allergies, vulnerable patients and mandatory fields were in place for prescribing. However, there were not clear systems in place to ensure that clinicians read these flags prior to prescribing.
- The service had put systems in place that prevented clinicians from prescribing Methotrexate.
- The Clinical Director stated that he would audit all records of GPs and nurses for the first month in post and said that he would undertake audits continually from then on. He said that it would take three months for staff to prescribe safely. He also said that he would provide structured training for staff, although no formal plans had been made for this and the performance of individual clinicians had not been audited or reviewed since the inspection on 4 July 2019. It was unclear how the Clinical Director would undertake this workload on the basis of one day a week working at the practice, and without having formally assessed the performance of clinicians at the practice. On the basis of the quality of clinical care provided (as reviewed in our inspection of 4 July), further significant training and mentoring was likely to be required. There was also no structured template in place for how the audits could be carried out.
- The service was unable to detail formalised mentorship and observed practice of GPs in their reintroduction to work. The Clinical Director reported that no clinician would return to work until they are trained and ready, but no detail was provided as to how this would be achieved.
- The Clinical Director told us that prescribing would be set against local and national guidelines.

## Are services well-led?

- The provider was not able to provide evidence of audit, mentoring or formalised training and development plans of nurses since the suspension of the nursing service following the inspection of 17 April 2019.
- The provider showed us that the GPs at the service had attended a three-hour prescribing course from the Royal College of General Practitioners. One of the Directors of the service suggested some training courses that clinicians may go on, but the provider had not reviewed clinicians individually and assured themselves of exactly what would be required for all clinicians to be providing good care.
- The Clinical Director was not able to describe how he would audit and monitor staff from different specialties who work for the provider, but later told us that they would not commence those services until safe systems had been established.
- All of the GPs at the practice work on a contract basis and are not employed by the surgery. The Clinical

Director told us that the service did not intend to pay for training and remediation packages for staff. There were no firm plans in place for those staff who were unwilling or unable to pay for this training. On the basis of the significant concerns found in the inspection on 4 July, and the lack of structured remediation and training plans, it was unclear how the service could assure itself that the clinical care provided could be provided safely and effectively. The Clinical Director told us that subsequent audit would address this. However, the report of July 4 2019 found instances where patients attended and left the practice where significant issues had not been addressed. Post-consultation audit would not mitigate risk in these circumstances.

- The practice detailed a new system for following up referrals, including those which were made urgently. The system was similar to that reviewed in the inspection of July 4 2019, and the system did not include a failsafe follow up where required.