Charlton House Medical Centre

Inspection report

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Date of inspection visit: 8 June 2021
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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 Charlton House Medical Centre on 8 June 2021, with medical records searches carried out on 26 May and 18 June 2021. Overall, the practice is rated as Inadequate.

Safe - Inadequate

Effective - Inadequate

Caring – Requires Improvement

Responsive - Inadequate

Well-led - Inadequate

We previously inspected Charlton House Medical Centre on 9 January 2018 at which time we rated it as Good for all key questions and Good for all population groups.

The full reports for previous inspections can be found by selecting the 'all reports' link for Charlton House Medical Centre on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was carried out as a result of a concern being received about the practice.

The key questions inspected were: Safe, Effective, Caring, Responsive and Well-led

How we carried out the inspection/review

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account 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:

- Conducting staff interviews using video conferencing;
- 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;
- Requesting evidence from the provider;
- A short site visit.

Our findings

We based our judgement of the quality of care at this service on a combination of:

Overall summary

- 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 inadequate overall, with a rating of Inadequate for Safe Effective, Responsive and being Well-led and a rating of Requires Improvement for providing Caring services. We also rated the practice as Inadequate for all population groups.

We rated the practice as Inadequate for providing Safe services because:

- The practice did not have a nominated lead member of staff for its adult safeguarding policy;
- 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 including locums;
- The practice failed to provide evidence that all clinical staff registrations were regularly monitored;
- Medical equipment calibration tests had not been carried out within the last 12 months;
- Although it had a Fire Safety Policy, the practice was unable to provide us with evidence of having carried out a fire risk assessment within the last 12 months. Nor was there any evidence of when the fire safety policy had been implemented or of any reviews and updates;
- The practice was unable to provide evidence of a premises/security risk assessment within the last 12 months;
- It was unable to provide evidence of health & safety risk assessments within the last 12 months;
- The practice it did not provide us with evidence that all staff had received infection prevention and control training;
- The practice had not acted on all issues identified in its most recent infection prevention and control audit;
- The infection prevention and control policy did not specify the need to notify Public Health England of suspected notifiable diseases;
- The GP locum pack did not contain sufficient information;
- Staff had not completed all mandatory training;
- There were no practice meetings;
- The practice was not adhering to its policy for making referrals for patients with a suspected diagnosis of cancer;
- There was a lack of monitoring for patients being prescribed high-risk medicines;
- Not all patients' medical records were kept up to date and accurate.
- The practice had a checklist in order to regularly check its stock of emergency medicines, however this had not been completed since November 2020. Accordingly, we were not assured it had checked its stock of emergency medicines since November 2020;
- The practice held stocks of emergency medicines which contained some out of date medicines. The emergency medicines it kept did not include some medicines we would normally expect a GP practice to hold;
- Only the lead GP attended clinical meetings and there was no evidence of a system to disseminate information including clinical updates.

We rated the practice as Inadequate for providing Effective services because:

- Only the lead GP had attended clinical meetings and there was no evidence other clinicians were invited or required to attend. There was no evidence the notes of these meetings were distributed to other clinicians to ensure they remained up to date;
- On review of the practice' medical records reviews we found evidence of a number of patients not receiving necessary blood test monitoring as required by national guidelines;
- Notes we reviewed showed some patients were not receiving timely medicines reviews;

Overall summary

- Some patients notes we reviewed showed they were being over prescribed medicines contrary to national guidance.
- The practice did not always carry out structured annual medicines reviews for all patients who would benefit from one;
- The practice' performance for its childhood immunisations programme was significantly below the WHO minimum 90% for five of five childhood immunisation uptake indicators CQC reviews;
- Its performance for its cervical cancer screening programme was significantly below the 80% uptake national target;
- The practice had not undertaken any complete (two or more cycle) audits as a means of driving quality improvement;
- Staff employed at the practice had not completed all mandatory training which we would normally expect staff in a GP practice to have completed at the time of commencing employment.

We rated the practice as Requires Improvement for providing Caring services because:

- The practice was below local and national averages for three out of four indicators relating to patient satisfaction as measured by the National GP Patient Survey relating to: being listened to, being treated with care and concern and their overall experience of the practice.

We rated the practice as Inadequate for providing Responsive services because:

- The premises were in a poor decorative state and were without adequate arrangements for access to the building and some clinical rooms for patients with mobility issues;
- Patients were not able to access care and treatment in a timely way;
- There was no evidence of learning from complaints, or that they were used to drive quality improvement at the practice.

We rated the practice as Inadequate for being Well-led because:

- There were limited standing agendas for clinical meetings to ensure full discussion of all issues, including review of incidents, complaints and recent MHRA alerts.
- Clinicians were not required to attend clinical meetings and there was no provision for distribution of clinical meeting minutes to all clinicians;
- We were not assured that all clinicians kept up to date with national medical alerts and changes in guidance, or of any changes to practice policies and procedures;
- There was a lack of clinical oversight or supervision with no peer reviews of clinicians' work.
- The practice was not participating in clinical audit as a means of driving learning and improvement.
- The locum pack provided to locum GPs working at the practice contained insufficient detail to enable them to carry out their responsibilities;
- The practice was not recording, investigating or learning from all relevant significant events;
- We were not assured the practice learnt from and made changes to its policies and procedures as a result of complaints;
- We were not assured the practice staff undertook regular training to enable them to perform their roles.
- Some practice policies showed no evidence of creation date or of regular review and updating;
- There was no effective system for the management of patients being prescribed high risk medicines, including a lack of regular blood test monitoring contrary to national guidance;
- The practice did not have a system to ensure it recorded treatment and monitoring patients received in secondary care;
- Staff we spoke to had worked for the practice for less than 12 months so had not received an annual review. In addition, the practice told us it only employed staff on fixed term contracts.

Overall summary

- Although the practice was offering a range of appointment options, the results of the GP Patient survey showed patients were not satisfied with access;
- The practice was not conducting regular audits of the appointment system to improve patient access;
- There was no evidence of the practices performance being discussed between staff and management;
- The practice ran the friends and family survey, however there was no evidence it used the results to make improvements.

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

- Ensure care and treatment is provided in a safe way to patients;
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care;
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

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

- Provide all staff with all mandatory training in line with national guidance and guidelines.
- Work to improve uptake of its childhood immunisations programme for the benefit of eligible patients;
- Work to improve uptake of its cervical screening programme for the benefit of eligible patients;
- Work to repair and improve the interior decoration of the premises and facilities to ensure they are in an appropriate state of repair for the benefit of all service users;
- Work to provide appropriate access into and around the practice for people with mobility issues.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of Inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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

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

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities. The team included two GP specialist advisors who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location and two additional CQC Inspectors who undertook a site visit.

Background to Charlton House Medical Centre

Charlton House Medical Centre is located in North London at:

581 High Road,

Tottenham,

London,

N17 6SB

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury.

The practice is situated within the North Central London Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to approximately 6850 patients.

Information published by Public Health England report deprivation within the practice population group as two on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

It caters for a high proportion of patients with type 2 diabetes: 11%, compared to a local average of 6% and the national average of 7%.

There is a team of one principal GP, 3 locum GPs. The practice has a team of two nurses, one nurse associate three pharmacists and a physiotherapist. The non-clinical staff includes a practice manager and four reception/ administration 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 a choice of either the main GP location or the branch surgery.

Extended access is provided locally by four GP Hubs, where late evening and weekend appointments are available. Patients can book appointments with the local hubs by contacting the practice. When the practice is closed, patients are redirected to a contracted out-of-hours service.

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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Maternity and midwifery services Treatment of disease, disorder or injury Diagnostic and screening procedures	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** **The registered provider had failed to ensure that it:** • employed sufficient numbers of suitably qualified, competent, skilled and experienced persons to meet patient demand as evidenced by the low patient satisfaction scores in the national GP patient survey. **This was in breach of regulation 18(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed** **How the regulation was not being met:** **The responsible person had not:** • Completed all staff recruitment checks • Ensured that staff undertook all required training to be certain that they had the skills, knowledge and experience to deliver effective care and treatment. **This was in breach of regulation 19(2)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Care and treatment must be provided in a safe way for service users** **How the regulation was not being met:** • Not ensuring up to date monitoring of patients being prescribed medicines, which require regular monitoring Including: ■ Patients being prescribed Methotrexate: There is a requirement for monitoring for blood dyscrasias and liver cirrhosis; ■ Patients being prescribed Lithium: It is important that calcium levels are regularly monitored alongside lithium levels; ■ Patients being prescribed Levothyroxine: There is a requirement to monitor thyroid function. • Over prescribing of Short Acting Beta-2 agonist (SABA) inhalers for patients with asthma. • GP Locum Pack: no evidence to demonstrate you ensured GP locums received this pack and had read, understood and agreed to operate by the practice policies prior to commencing work. • Lack of doctors in the practice who were nominated leads for clinical indicators. • Clinical Meetings: ■ Failure to record sufficient detail of issues discussed; ■ no standing agenda items to ensure discussion of all issues; ■ no follow up of issues discussed in meetings; ■ not all clinicians attended or were invited. • Significant Events: failure to record all issues which would benefit from review as significant events. • Premises: ■ The premises were in a poor state of repair; ■ Lack of access for patients with mobility issues.

This section is primarily information for the provider

Enforcement actions

- Adult Safeguarding Policy: No named safeguarding lead.
- Annual Instrument Calibration: no evidence of annual checking and re-calibration.
- Fire Risk Assessment: no evidence of annual assessment.
- Premises / Security Risk Assessment: no evidence of annual assessment.
- health and safety risk assessments: no evidence of annual assessment.
- Infection Prevention And Control Training: no evidence of staff training.
- infection prevention and control audit: failure to act on all issues identified in last audit.
- infection prevention and control policy: no procedure recorded within policy to notify Public Health England of suspected notifiable diseases.
- Quality and Outcomes Framework (QOF):
  - QOF scores for the long-term conditions of coronary heart disease, diabetes, atrial fibrillation and mental health lower than the national and local (CCG) averages.
- Childhood Immunisations: performance was below the national minimum target of 90% uptake.
- cervical cancer screening: below the national 80% uptake target.

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** **There were no systems, or ineffective systems, in place to assess, monitor and mitigate the risks to patients and staff and improve the quality and safety of the services being provided. In particular:**

This section is primarily information for the provider

Enforcement actions

- Lack of governance and clinical oversight: not operating effective systems or established processes to ensure compliance with the requirements of the regulations.
- Lack of clinical oversight of locum GPs with no reviews of their work to ensure they worked to practice policies procedures and took national guidelines into account;
- Locum pack did not provide sufficient detail for a locum who was new to the practice to adequately familiarise themselves with the information they would need to perform their tasks;
- Clinical meeting minutes lacked sufficient detail of issues discussed and decisions reached; only the lead clinician attended meetings, minutes of meetings were not distributed to all relevant clinicians; locum clinicians were not invited to clinical meetings; there were limited standing agendas for clinical meetings to ensure full discussion of all issues, including review of incidents, complaints and recent MHRA alerts.
- Failure to record learning opportunities as significant events.
- No adequate system in place to distribute medical alerts to ensure locum GPs read and acted on medical alerts received by the practice.
- Nor was there any system to ensure locum GPs were aware of medical alerts.
- Lack of adequate protocols and regular structured and shared audit activity to ensure clinical governance of the practice.
- No evidence of completed two cycle audits where learning from the first cycle is used with a view to developing revised procedures and improving performance as measured in subsequent cycles.
- Systems and processes in place to monitor and review service users' medicines were not effective and did not comply with national clinical guidelines.
- Review of patient clinical records showed a failure to adequately review and monitor patients being prescribed medicines which require regular monitoring.
- Overprescribing of medicines, including Short Acting Beta-2 agonist (SABA) inhalers prescribed to patients with asthma.
- At-Risk Adults Policy (Adult Safeguarding Policy) did not contain a named safeguarding lead.
- Lack of evidence provided of suitable recruitment checks carried out for all staff including locums.

This section is primarily information for the provider

Enforcement actions

- Lack of evidence from staff records to confirm clinical staff registrations were regularly checked.
- Lack of evidence of regular checking and re-calibration of clinical equipment used at the practice.
- Lack of evidence of having carried out a fire risk assessment of the premises.

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