

The Medical Centre - Dr Kukar

Inspection report

The Medical Centre
13 Ollgar Close, Uxbridge Road
London
W12 0NF
Tel: 02087407407

Date of inspection visit: 27 April 21 Clinical records
review: 29 April 21 Interviews with staff: 28 April, 5
May, 8 May 21
Date of publication: 30/06/2021

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?		Good	
Are services effective?		Requires Improvement	
Are services caring?		Good	
Are services responsive to people's needs?		Requires Improvement	
Are services well-led?		Requires Improvement	

Overall summary

We carried out an announced inspection of The Medical Centre – Dr Kukar on 27 April 2021. We then undertook a remote clinical records assessment on 29 April 2021 and interviews with staff remotely on 28 April, 5 May, 8 May 2021.

Overall, the practice is rated as Requires improvement.

Safe - good

Effective – requires improvement

Caring – good (carried forward from previous inspection. Not inspected at this inspection)

Responsive - requires improvement

Well-led – requires improvement

At our earlier inspection on 25 November 2020, the practice was rated requires improvement overall and for safe, effective, responsive and well led. The practice was rated good for caring. The service was rated as inadequate for the care provided to working age people and requires improvement for all other population groups. This is why the practice remained in special measures. The practice was first placed into special measures following an inspection undertaken 27 June 2019.

The full reports for previous inspections can be found by selecting the ‘all reports’ link for The Medical Centre – Dr Kukar on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was a focused follow up inspection to follow up on breaches of regulations 9, 12 & 17 of HSCA (RA) Regulations 2014. As the service was in special measures, we looked at each of the key questions and population, where a breach of regulation was identified, in its entirety.

Breaches related to:

- The safe management of medicines.
- Systems and processes related to infection prevention and control.
- Lack of nursing staff and below average performance against some performance targets in a range of areas including cancer screening and childhood immunisation take up.
- Lack of a functional patient participation group (PPG).
- Below average patient survey feedback in relation to the practice’s ability to meet patient need.
- Lack of population needs analysis.

How we carried out the inspection

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.

Overall summary

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 and patient interviews using video conferencing and questionnaires.
- 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:

- 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 Requires Improvement for all population groups.

We found that:

- The practice had taken action to address concerns related to infection prevention and control.
- There was an improvement in the systems to monitor people prescribed certain medicines.
- The practice had systems in place to ensure that patients remained safe.
- The records we reviewed showed that clinical guidelines were followed when delivering care and treatment.
- Since our last inspection in November 2020, no new data was available regarding update of childhood immunisations and cervical screening. Although the practice had drafted action plans which aimed to address this issue and there were now nursing staff working on site; the number of nursing hours remained low and figures from the practice's own system showed a significant number of patients who still required screening.
- National GP patient survey scores were below average in respect of patient access. The practice had drafted an action plan and had taken some actions to address below average patient feedback. However, some patients we spoke with told us that access was a concern and the number of GP sessions was low relative to the practice list size.
- Leadership in the practice had taken action to improve the quality of care for patient; particularly around areas of risk and safety. However, action taken to improve patient satisfaction around access and meet targets had yet to demonstrate sufficient improvement.

We found breaches of regulation. The provider **must**:

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

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

Overall summary

I am taking this service out of special measures. This recognises the significant improvements that have been made to the quality of care provided by this service

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities, sent staff questionnaires, requested feedback from patients and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to The Medical Centre - Dr Kukar

The Medical Centre – Dr Kukar is situated at The Medical Centre, 13 Ollgar Close, Uxbridge Road, London, W12 0NF.

The practice has three consulting rooms, a reception and waiting area (located on the ground floor of the practice) and an administrative space on the first floor.

The practice provides NHS primary care services to approximately 6,600 people living in Hammersmith and Fulham through a General Medical Services (GMS) contract (a contract between NHS England and general practices for delivering general medical services).

The practice is part of the NHS Hammersmith and Fulham Clinical Commissioning Group (CCG). The practice population is in the second most deprived decile in England. People living in more deprived areas tend to have greater need for health services.

The practice is registered with the Care Quality Commission (CQC) as a partnership to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder or injury and maternity and midwifery services.

The practice staff comprises one full time male GP and two part-time salaried GPs (one male and one female), a part-time nurse, a part-time midwife (on maternity leave at time of on-site inspection) and a part-time healthcare assistant. The team are supported by a clinical GP lead (who does not undertake any patient consultations sessions at the practice), a managing partner, a part-time practice manager, a part-time assistant practice manager and reception and administrative staff. The practice is open between 8am and 7pm Monday to Friday and open for nursing services only on Saturday between 10 am and 5 pm.

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
Diagnostic and screening procedures Treatment of disease, disorder or injury Maternity and midwifery services	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider had not ensured care and treatment met the needs of patients.</p> <ul style="list-style-type: none">• The provider had taken insufficient action to improve uptake of childhood vaccinations inline with national and international targets.• The provider had taken insufficient action to improve the rate of cancer screening.• The provider had not acted on feedback from patients to improve timely access to services. <p>This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>