

Trinity Medical Centre

Inspection report

2 Garland Road
London
SE18 2AE
Tel: 02083197640

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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?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced inspection at Trinity Medical Centre on 2 November 2021. Overall, the practice is rated as Requires Improvement.

Safe - Requires Improvement

Effective – Requires Improvement

Caring - Good

Responsive - Good

Well-led - Requires Improvement

Following our previous inspection on 11 June 2019 the practice was rated Requires Improvement overall and for the safe and effective key questions. The full reports for previous inspections can be found by selecting the 'all reports' link for Trinity Medical Centre on our website at www.cqc.org.uk

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.

Part of the inspection was carried out remotely with the intention of us spending 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.

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.
- Information from the provider, patients, the public and other organisations.

We have rated this practice as Requires Improvement overall and in the safe, effective, responsive and well-led key question.

We found that:

Overall summary

- Childhood immunisation uptake rates were below the World Health Organisation (WHO) targets. Uptake rates for the vaccines given were below the target of 90% in two areas where childhood immunisations are measured.
- Cervical cancer screening was below target for the percentage of women eligible for cervical cancer screening.
- The practice was above the CCG and England average for the prescribing of hypnotics and for the prescribing antimicrobial prescribing.
- Staff told us that staffing levels could be improved.
- Although staff confirmed that cleaning was completed daily, the cleaning checklist did not confirm which areas had been cleaned.
- We found instances when the provider had not carried out the appropriate monitoring of prescribed medication and patients with long-term conditions.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic.
- Leaders demonstrated that they understood the challenges to quality and sustainability and had identified the actions necessary to address these challenges.

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

- 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.

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

- Introduce a cleaning schedule to confirm which areas of the practice have been cleaned.
- Discuss complaints during staff meetings to ensure all staff are informed and lessons are learned.
- Keep up to date with internal processes such as premises risk assessments.
- Continue to take steps to address staffing levels and telephone access for patients.

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

Dr Rosie Benneyworth BM BS BMedSci MRCP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector who 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 Trinity Medical Centre

Trinity Medical Centre is based in the London Borough of Greenwich and is run by one GP (female), who works full time at the practice. At the time of inspection, the provider was in the process of changing the management structure. The practice is situated in a purpose-built building, and shares its premises with another GP surgery, as well as other health amenities such as a dentist and podiatry. The practice has been operating here since March 2017.

The practice has a list size of 3,791. In addition to the GP who runs the practice, there are two GPs, one salaried, one long term locum (one female and one male). In total 14 GP sessions are offered per week. There is one practice nurse and five administrative and reception staff. The practice is part of a federation of GP practices which covers the London borough of Greenwich. At the time of inspection the practice had not had a practice manager in place for 10 months due to long-term sick leave. One of the practice's within federation was caretaking the practice, with the deputy manager overseeing the practice remotely.

The practice is open between 8am and 6:30pm Monday to Friday, except Monday when the practice is open until 8pm. The practice is closed at weekends and bank holidays. Appointments with the GPs are available from 8.30am to 12pm and from 3.30pm to 5.30pm Monday to

Friday. Appointments with the nurse are available from 9am to 12.30pm and from 2pm-5.30pm Monday to Thursday. The practice has extended hours on Monday from 6:30pm until 7:30pm. The practice has opted out of providing out-of-hours (OOH) services. Patients needing urgent care out of normal hours are advised to contact the OOH number 111 which directs patients to a local contracted OOH service or Accident and Emergency, depending on patients' medical urgency.

The practice is contracted to provide Personal Medical Services (PMS) and is registered with the CQC for the following regulated activities: diagnostic and screening procedures, maternity and midwifery services, family planning, and treatment of disease, disorder or injury. The practice is in an area with a mixed demographic, including areas of both relatively high and relatively low

deprivation. Information published by Public Health England rates the level of deprivation within the practice population group as four on a scale of one to 10. The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 17% Asian, 50.6% White, 24.9% Black, 5.4% Mixed, and 2.1% Other.

The age distribution of the practice population closely mirrors the local and national averages. There are more male patients registered at the practice compared to females.

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 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>Regulation 12(1) HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <p>We found ten patients did not either have their medication or long-term conditions monitored as per relevant guidance.</p> <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
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>Regulation 17(1) HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>There were no systems or processes that enabled the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:</p>

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Requirement notices

The practice did not have a documented quality improvement plan to assess their performance in delivering quality care and improvements.

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