Bruce Grove Primary Health Care Centre

Inspection report

461-463 High Road
Tottenham
London
N17 6QB
Tel: 02088084710

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

Overall summary

We carried out an announced inspection at Bruce Grove Primary Health Care Centre (the practice) on 25 and 26 April 2022. Overall, the practice is rated as "Requires improvement".

The ratings for each key question were rated as:

Safe – Inadequate

Effective – Requires improvement

Caring – Requires improvement

Responsive – Requires improvement

Well-led – Requires improvement

Following our previous comprehensive inspection on 24 July 2017, the practice was rated "Requires improvement" overall and for the key questions "Caring", "Responsive" and "Well-led". The practice was rated "Good" for "Safe" and "Effective". The practice was served a requirement notice under Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A follow-up focused inspection was completed on 21 March 2018, which looked at the "Caring", "Responsive" and "Well-led" domains, and whether the requirement notice served had been met. At this follow-up inspection on 21 March 2018, the three key questions of "Caring", "Responsive" and "Well-led" were all rated as "Good", therefore giving the practice an overall rating of "Good". Additionally, it was found that the items listed on the requirement notice had been actioned accordingly and therefore the requirement notice had been met.

The full reports for previous inspections can be found by selecting the 'all reports' link for Bruce Grove Primary Health Care Centre on our website at www.cqc.org.uk

Why we carried out this inspection

This comprehensive inspection was carried out to follow up on the ratings issued at the previous inspection. The focus of the inspection included:

- Inspecting at all five key questions (Safe, Effecting, Caring, Responsive and Well-led) to ensure current ratings are up to date.
- Consideration of issues highlighted during previous inspections.

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.

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:

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- 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 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.

We found that:

- We found that the practice was not always monitoring patients prescribed angiotensin converting enzyme (ACE) inhibitors or angiotensin II receptor blockers (ARBs).
- Additionally, we found that the practice was not always monitoring the overprescribing of short acting beta agonists (SABAs) inhalers to patients with asthma.
- We found that the practice was not always monitoring thyroid function tests (TFTs) in patients prescribed medicines for hypothyroidism.
- We found that the practice had no paediatric or spare pads to accompany the defibrillator. Also, there were a number of missing items from the emergency medicines supply (antiemetics, dexamethasone, diclofenac, naloxone, opiates). There was no risk assessment to justify these missing items.
- The practice had no fire alarm system in place, which was flagged as a high risk item which required immediate action. The fire risk assessment was completed by an external contractor on 18 April 2022.
- We found that the practice premises were generally in a poor state of repair, and unclean in the toilet and general waiting areas. No privacy arrangements were in place to support breastfeeding mothers or baby changing facilities.
- We found that the practice did not have complete staff personnel files. For example, there were missing Disclosure and Barring Service (DBS) certificates, appraisals and references, and one staff member's proof of professional registration certificates had expired. Additionally, some staff training had expired, which included information governance training and basic life support training. The fire risk assessment completed by an external contractor also highlighted that not all staff were given fire safety training as standard.
- Systems operated by the practice did not provide enough assurance that significant events and patient feedback, such as complaints, were used effectively to improve the quality of the service.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic, but some patient dissatisfaction was highlighted in data from the National GP Patient survey and online review platforms.
- Whilst the practice has stated it aims to use feedback from complaints and the GP patient survey, patients' feedback remains generally negative in nature. Additionally, the practice does not currently have an active Patient Participation Group (PPG).
- Staff interviewed report a positive culture within the work place and a good working relationship with management.
- All staff interviewed reported feeling staffing levels were sufficient and felt appropriate cover was provided in the event of staff absence.

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- Plans have been put in place to encourage uptake of cervical screening and childhood immunisations, with the practice proactively reaching out to such patient groups via both SMS and letters.

We found two 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.

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

In addition to the above, the practice **should**:

- Identify and action learning needs that arise from significant events and complaints.
- Establish a PPG and engage with it to help facilitate patient input regarding potential improvements to the practice.
- Review and address findings from clinical audits to identify any changes which can be implemented to improve patient population outcomes.

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

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and in person, and undertook a site visit. The team included a second CQC inspector and a GP specialist advisor who completed clinical searches and records reviews whilst visiting the location.

Background to Bruce Grove Primary Health Care Centre

Bruce Grove Primary Health Care Centre is located at 461-463 High Street, London, N17 6QB. The practice is situated a short walking distance from Bruce Grove underground station and is also accessible on several local bus routes.

The practice is registered with the CQC to provide the Regulated Activities: Diagnostic and screening procedures; Maternity and midwifery services; Treatment of disease, disorder or injury.

The practice is part of the North Central London Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 7500.

Information published by Public Health England report deprivation within the practice population group as 2 on a scale of 1 to 10. Level one represents the highest levels of deprivation and level 10 the lowest. The practice population is predominantly from either a White (42.9%) or Black (32.9%) background.

There is a team of three GPs who work at the practice, with two GPs as partners. The practice has one practice nurse and one healthcare assistant. The GPs are supported by a team of eight reception/administration staff. The two practice managers provide managerial oversight. The practice has additional support from colleagues within the Primary Care Network (PCN), including pharmacists and social prescribers.

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 an appointment at the practice.

Extended hours access is provided by the practice on Tuesday evenings, where pre-bookable later evening appointments are offered between 6:30pm – 7:30pm.

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 Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Effective systems and processes must be established to ensure good governance in accordance with the fundamental standards of care.** **How the regulation was not being met:** • Systems operated by the practice did not provide enough assurance that significant events and patient feedback, such as complaints, were used effectively to improve the quality of the service. Out of 7 complaints made since April 2021, none of the complaints identified some form of learning need specified as a result. • We found that the practice did not have complete staff personnel files. For example, there were missing DBS certificates, appraisals and references, and one staff member's proof of professional registration certificates had expired. Additionally, some staff training had expired, which included information governance training and basic life support training. The fire risk assessment completed by an external contractor also highlighted that not all staff were given fire safety training as standard. This was in breach of Regulation 17 (1) 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.

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:** • We found that the practice was not always monitoring patients prescribed angiotensin converting enzyme (ACE) inhibitors or angiotensin II receptor blockers (ARBs). • Additionally, we found that the practice was not always monitoring the overprescribing of short acting beta agonists (SABAs) inhalers to patients with asthma. • We found that the practice was not always monitoring thyroid function tests (TFTs) in patients prescribed medicines for hypothyroidism. • We found that the practice had no paediatric or spare pads to accompany the defibrillator. Also, there were a number of missing items from the emergency medicines supply (antiemetics, dexamethasone, diclofenac, naloxone, opiates). There was no risk assessment to justify these missing items. • The practice had no fire alarm system in place, which was flagged as a high-risk item which required immediate action. The fire risk assessment was completed by an external contractor on 18 April 2022. • We found that the practice premises were generally in a poor state of repair, and unclean in the toilet and general waiting areas. No privacy arrangements were in place to support breastfeeding mothers or baby changing facilities, raising potential safeguarding concerns. This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.