

# Prince of Wales Medical Centre

## Inspection report

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London  
NW5 3LN  
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[www.princeofwalesgrouppractice.nhs.uk](http://www.princeofwalesgrouppractice.nhs.uk)

Date of inspection visit: 16 May 2022  
Date of publication: 05/04/2023

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?

Requires Improvement 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Inadequate 

# Overall summary

We carried out an announced inspection at Prince of Wales Medical Centre on 16 May 2022. Overall, the practice is rated as Inadequate.

The ratings for each key question are as follows:

Safe – Inadequate

Effective – Requires improvement

Caring: Good

Responsive: Good

Well-led - Inadequate

At the previous inspection on 2 June 2016, we rated the practice as Good overall (Good for key questions Safe, Effective, Caring, Responsive, Well Led).

Due to unavoidable operational circumstances at CQC this report has been delayed. However, the major issues were raised with the practice at the time of inspection.

The full reports for previous inspections can be found by selecting the 'all reports' link for Prince Of Wales Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## **Why we carried out this inspection**

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach. As part of the inspection there was a remote review of clinical records on 9 and 11 May 2022, prior to the site visit. This was a comprehensive inspection looking at the five key questions of safe, effective, caring, responsive, and well-led.

## **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:

- Conducting staff interviews using video conferencing and staff returning completed CQC staff feedback form.
- 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.

# Overall summary

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

### We have rated this practice as **Inadequate overall**.

We found that overall governance arrangements within the practice were ineffective which resulted in potential risks to patients. The practice was not consistently following its own policies and procedures:

- Our clinical searches found that the practice had not taken enough action to assess and manage risks to the patients, arising from MHRA safety alerts. However the quality of clinical care provided to patients, including those with long term conditions was of a good standard.
- There were gaps in systems to assess and manage health and safety risks, including ineffective policies and procedures, and absence of necessary assessments of risks including health and safety risk assessment.
- There were shortfalls in the management of medicines, specifically the management of emergency medicines and vaccine storage and handling.
- There were gaps in the fire safety processes including, absence of fire risk assessment, up to date staff training and regular fire drills.
- The governance arrangements for keeping proper records needed improvement.
- There was no evidence of a formalised and auditable process for clinical supervision, coaching and peer review for clinicians.
- The practice was not ensuring all staff training was up to date.
- Recording the detail of patient complaints and sharing of learning across staff needed to be improved.

We found breaches of regulations. The areas where the provider **must** make improvements are:

- 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:

- Continue to implement a programme to improve uptake for cervical screening and childhood immunisations.
- Review recruitment check procedures to ensure risk assessments are carried out for the re-employment of any staff.
- Make easy read materials available and patient information available in other languages and formats.
- Review the quality of the notes circulated following safeguarding meetings to prevent any misunderstanding of actions and decisions agreed.

# Overall summary

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 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.

**Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA**

**Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services**

## Our inspection team

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

## Background to Prince of Wales Medical Centre

Prince of Wales Medical Centre is located at

52 Prince of Wales Road

London

NW5 3LN

The practice occupies the ground and first floors of a purpose-built premises. The upper floors are residential flats. The building is in near Kentish Town West station and has good transport links nearby.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, treatment of disease, disorder or injury family planning and maternity and midwifery services. It provides NHS services through Person Medical Services (PMS) contract to 8,738 patients. It is part of NHS Camden Clinical Commissioning Group (CCG) which is made up of 36 general practices.

The patient profile for the practice has a higher than average working age and younger adult population, and lower than average younger children and older patients. The practice covers areas of high deprivation and has a high prevalence of patients with long term conditions. The patient group includes relatively large Bengali and Somali communities.

The clinical team is made up of three partner GPs (one female and two male) and nine salaried GPs. There are two practice nurses (one male, one female). The practice is a training practice and one registrar doctor is currently working with the practice. (Registrars are fully qualified doctors who have decided they would like to become a GP). There is also a pharmacist, physician associate, social prescriber and two advanced paramedic trainees. The management team is made up of an Operations Manager, Deputy Practice Manager and a Reception Manager.

The practice population is in the fourth most deprived decile in England, 4 of 10. The lower the decile, the more deprived the practice population is relative to others. The practice has surveyed the ethnicity of the practice population and determined that 62.6% of patients described themselves as white, 15.2%% Asian, 12.3%% black, 6.2% as having mixed heritage and 3.7% as having other ethnicities.

The surgery operates a duty doctor system to triage on the day requests. Patients can call between 8.30-10.30am in the morning or 2-3.30pm in the afternoon. Requests are triaged by a GP and allocated a telephone call or face to face appointment depending on medical needs.

For on the day requests, decision about face to face or telephone is based on the assessment of the duty doctor. For routine appointments, patients are offered face to face, telephone or e-consultation.

The practice is open: Monday to Thursday 8am to 6.30pm and 8am to 6pm on Friday. The practice closes on Monday and Thursday between 1pm to 2pm for lunch. The practice does not open on a weekend. When the practice telephone lines are closed, an answerphone message is in place to direct calls to 111. There is Out of Hours care provision through the local Federation Hub which is based at the Peckwater Centre.

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 Treatment of disease, disorder or injury Surgical procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured that care and treatment is provided in a safe way. In particular;</p> <ul style="list-style-type: none"><li>• The provider 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, management of safety alerts and management of emergency medicines.</li><li>• Some of the staff had not completed expected training, including fire safety, infection control and safeguarding training appropriate to their role.</li><li>• There was an absence of necessary assessments of risks including health and safety risk assessment.</li><li>• There were gaps in the fire safety processes including, absence of fire risk assessment, up to date staff training and regular fire drills.</li></ul> <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
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>The provider did not ensure there were effective arrangements in place for identifying, managing and mitigating risks. In particular,</p> <ul style="list-style-type: none"><li>• Ensuring staff are up to date with training.</li><li>• Ensuring that the areas of the premises they occupied were safe for use.</li><li>• Ensuring that staff recruitment checks were appropriately completed and recorded.</li></ul>

This section is primarily information for the provider

## Requirement notices

- Ensuring that staff followed the practice policy on medicine management.
- Oversight and supervision to ensure staff competence.
- Oversight and review of governance structures and policies.
- Ensuring safety alerts are responded to effectively.
- Recording the detail of patient complaints and sharing of learning across practice staff.

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