

# The Medical Centre - Dr Kukar

## Inspection report

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

Date of inspection visit: 25 November 2020  
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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?	Requires Improvement	
Are services well-led?	Requires Improvement	

# Overall summary

We carried out an announced comprehensive inspection at The Medical Centre – Dr Kukar on 25 November 2020 to follow up on breaches of regulations.

The practice was previously inspected on 5 March 2020. Following that inspection, the practice was rated inadequate overall (inadequate in effective and well-led and requires improvement in safe, caring and responsive) and placed in special measures. We issued a warning notice for breaches of Regulation 17 (Good governance). Following this we carried out an announced focused inspection at The Medical Centre – Dr Kukar on 1 October 2020 to follow-up on the warning notice and found that the provider had made improvements.

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.

At this inspection we rated the practice as **requires improvement** for providing services that were safe.

Despite the provider continuing to make improvements in relation to the management of high risk areas, we found that the premises were not cleaned to a satisfactory standard, not all staff were aware of the infection control lead or what to do when patients presented with symptoms of sepsis and risks around prescribing certain medicines had not been adequately considered, documented in the patient's record or communicated to patients. After the inspection the provider told us that they had taken action to address some of the issues related to infection control and that they had reviewed the patient records we had looked at on inspection and found that some of these records contained appropriate consideration of risk. The provider submitted evidence as part of their response to our warning notice. We found that upon reviewing the evidence concerns remained about the management of these patients and/or record keeping.

At this inspection we rated the provider at **requires improvement** for providing an effective service.

We found that the healthcare assistant now had appropriate role specific training in place and there was evidence of clinical supervision being undertaken. There were no concerns regarding processes around consent. However, we also found that uptake for childhood immunisations and a clinical indicator for diabetes were below local and national averages. We also found that uptake of cervical, bowel and breast screening were significantly below average and there were no practice nurses working at the practice.

At this inspection we rated the provider as **good** for providing a caring service.

We found that although the provider had enabled people to express their views by carrying out patient surveys and making changes where necessary, national GP patient survey scores were below local and national averages.

At this inspection we rated the provider as **requires improvement** for providing a responsive service

National GP patient survey scores were below the local and national average. However, the provider had undertaken surveys related to access and had implemented changes in an effort to improve this. Although the provider had not done any specific needs assessment of their population, they were making efforts to improve in most of the areas where they were below local and national targets.

At this inspection we rated the provider as **requires improvement** for providing a well led service.

# Overall summary

The provider had made significant improvement in relation to their governance arrangements, particularly around areas of risk and there were examples of learning and improvement work. However, there were still some aspects of medicines management systems that required refinement, the lack of nursing staff impacted on the practice's capacity to meet patient needs and achieve their vision, there was no active PPG group and there were concerns about the arrangements for clinical meetings. Some non-clinical staff were not aware of the lead for infection control and the practice's governance arrangements around cleaning were unsatisfactory.

**We have rated this practice as requires improvement overall and requires improvement for all population groups except working age people which was rated as inadequate.**

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

- Ensure that care and treatment is provided in a safe way.
- Ensure that care and treatment meet the needs of patients.
- Establish effective systems and processes to ensure good governance in accordance with fundamental standards of care.

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

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

- Address patients accessing online services in safeguarding policies.
- Invest in paediatric defibrillator pads.
- Improve non-clinical staff awareness of sepsis and identifying deteriorating patient.

The service was placed in special measures in 4 October 2019 on publication of June 2019 report. Insufficient improvements have been made such that there remains a rating of inadequate in the population group working age people and the service remains in special measures. 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 six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

**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

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

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor and a second CQC inspector.

## 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 spaces 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 and one part-time salaried GP and a part-time healthcare assistant. During the inspection there were no practice nurses working at the practice; although we were told that one nurse would return on 30 November 2020 and the other in January 2021. 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 three reception and administrative staff. The practice is open between 8 am and 6.30 pm Monday to Friday although we were told that no GPs were on site until 9.30 am.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider had not ensured that effective systems and processes are in place to ensure good governance in accordance to fundamental standards of care.</p> <p>The provider did not ensure shared care protocols for medicine where these were required.</p> <p>The provider did not have an active Patient Participation Group.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>The provider had not ensured care and treatment met the needs of patients.</p> <p>Uptake for childhood immunisations were below average.</p> <p>Uptake for cervical screening was significantly below average.</p> <p>National GP patient survey feedback in relation to the care provided and ability to access care indicated that the practice were not always meeting patient needs comparative to other practices locally and nationally.</p> <p>The lack of nursing staff availability hindered the provider's ability to meet patient needs in areas where they were below target.</p> <p>The provider had not undertaken any specific analysis of the needs of the local population.</p>

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Warning notice:</b></p> <p><b>Care and treatment was not always provided in a safe way for service users as:</b></p> <ul style="list-style-type: none"><li>• The provider was not adequately assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated as the premises had not been cleaned to a satisfactory standard.</li><li>• Some patient records indicated that risks around prescribing certain medicines had not been adequately considered or documented in the patient's record or communicated to patients</li></ul>