

Stockwell Lodge Medical Centre

Inspection report


Rosedale Way
Cheshunt
Waltham Cross
Hertfordshire
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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?	Requires improvement 
Are services responsive?	Requires improvement 
Are services well-led?	Requires improvement 

Overall summary

We carried out an announced comprehensive inspection at Stockwell Lodge Medical Centre on 28 August 2018. Overall the practice was rated as requires improvement and requirement notices were issued.

The report from our inspection in August 2018 can be found by selecting the 'all reports' link for Stockwell Lodge Medical Centre on our website at www.cqc.org.uk.

We carried out an announced comprehensive inspection at Stockwell Lodge Medical Centre on 16 October 2019. This inspection was undertaken to follow up requirement notices we issued to the provider. We found the practice had complied with the requirement notices in all but one area.

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 overall for the population groups.

We rated the practice as **requires improvement** for the families, children and young people, population group because:

- Data showed a steady decline in uptake rates for all four childhood immunisation indicators.

We rated the practice as requires improvement for people with long term conditions because:

- Data from the Quality and Outcomes Framework 2018/2019 showed performance for care provided to patients with diabetes was lower than local and national averages.

We rated the practice as **requires improvement** for working age people (including those recently retired and student) because:

- Uptake for cervical screening had declined, rates were below targets and national averages.

We rated the practice as **requires improvement** for providing safe services because:

- The practice did not have clear systems and processes to keep patients safe in some cases.
- The practice did not have appropriate systems in place for the safe management of emergency medicines.

We rated the practice as **requires improvement** for providing effective services because:

- Patients did not always receive effective care and treatment that met their needs.

We rated the practice as **requires improvement** for providing caring and responsive services, including the population groups, because:

- The results from the latest National GP Patient Survey showed performance was significantly lower than local and national averages.

We rated the practice as requires improvement for providing well-led services because:

- While the practice had made some improvements since our inspection on 28 August 2018, it had not appropriately addressed the requirement notice in relation to ensuring all staff members completed appropriate training relevant to their role.
- Structures, processes and systems to support good governance and management were not clearly set out, understood and effective in some areas.

The areas where the provider **must** make improvements as they are in breach of a regulation are:

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

Please see the final section of this report for specific details of the action we require the provider to take.

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

- Continue to take steps to improve uptake of child immunisations and women attending for their cervical screening.
- Continue to review and take steps to improve performance in relation to National GP Patient Survey results.

Overall summary

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

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. The team included a GP specialist adviser, a practice manager specialist adviser and a practice nurse specialist adviser.

Background to Stockwell Lodge Medical Centre

Stockwell Lodge Medical Centre provides a range of primary medical services to the local population from its premises at Rosedale Way, Cheshunt, Hertfordshire, EN7 6HL.

The provider is registered with CQC to deliver five Regulated Activities; diagnostic and screening procedures, maternity and midwifery services, family planning, surgical procedures and treatment of disease, disorder or injury.

Services are provided on a General Medical Services (GMS) contract (a nationally agreed contract) to approximately 10,984 patients. The practice has one registered manager in place. (A registered manager is an individual registered with CQC to manage the regulated activities provided).

The practice team consists of three GP partners, one of which is female and two are male. There is one regular locum GP, two nurse practitioners, one practice nurse,

three locum nurse practitioners, two clinical pharmacists, two health care assistants, a practice manager, a reception manager and a team of reception and administration staff members.

The age of the practice population served is comparable to local and national averages. The practice has a slightly lower than average number of patients aged from zero to 18 years old and a slightly higher than average number of patients aged from 65 to 74 years old. The practice population is predominantly white British and has a black and minority ethnic population of approximately 9% (2011 census). Information published by Public Health England, rates the level of deprivation within the practice population group as seven, on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

The Out of Hours service is provided by Herts Urgent Care and can be accessed via the NHS 111 service.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is 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>How the regulation was not being met:</p> <p>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:</p> <p>The practice had not acted on all of the recommendations identified in the fire, health and safety and Legionella risk assessments in a timely manner.</p> <p>The practice had not considered the risks of stocking emergency medicines which had passed the expiry date recommended by the manufacturer and the system of checking the expiry dates of medical consumables was not adequate.</p> <p>Blank prescriptions were not always stored securely.</p> <p>This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.</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>How the regulation was not being met:</p> <p>There were no comprehensive systems or processes that enabled the provider to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <p>The service was unable to demonstrate that all staff members had received the appropriate training relevant to their roles.</p>

This section is primarily information for the provider

Requirement notices

The system in place to ensure all staff members received an appraisal on a regular basis was not comprehensive.

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