

# Bulbanks Medical Centre

## Inspection report

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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.

# Overall summary

Bulbanks Medical Centre is a provider registered with CQC.

We carried out an inspection of the provider on 22 January 2020 to follow up concerns raised at our inspection on 17 and 30 September 2019. The practice was rated Requires improvement overall. However, we rated the Well Led key question inadequate. As a result of the findings on at our September 2019 inspection, the practice was served with a warning notice for breach of Regulation 17 (Good governance). The full comprehensive report of the 17 and 30 September 2019 inspection can be found by selecting the 'all reports' link for Bulbanks Medical Centre on our website.

This inspection on 22 January 2020 was an announced focused inspection to follow up on the concerns identified in the warning notice and to seek assurance the provider had taken appropriate action to address the concerns. This report covers our findings in relation to the actions we told the practice they should take to improve.

## At that inspection we found that:

- The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice did not always act on appropriate and accurate information.
- The overall governance arrangements were ineffective. The provider did not have oversight of staff training and could not easily evidence the training undertaken by staff.
- Staff files we reviewed showed not all staff had received an appraisal or had an appraisal date scheduled
- The policy framework of the practice was not effective because there was no oversight of safety alerts to ensure there was a record of alerts received which had been acted on.
- The provider had not ensured they had oversight of systems and processes so that risks were managed effectively in the practice. For example, there was no oversight of monitoring legionella to ensure these had been logged and acted on.
- The practice did not have effective systems in place to ensure that all patients with mental health conditions had appropriate reviews.

- The practice did not always act on appropriate and accurate information. For example, individual care records were not always written and managed securely and in line with current guidance and relevant legislation.

## At this inspection we found that:

- The practice had addressed the concerns identified in the warning notice served on 25 October 2019.
- Risks associated with the premises, for example, control of Legionella had either been addressed or were in the process of being addressed.
- Governance arrangements had improved as there was a up to date policy framework in place covering the areas of operation we checked; including systems to monitor essential training for staff.
- Recruitment, training and appraisal processes had improved, and the practice was in the process of setting up systems to oversee staff training.
- The practice acted on appropriate and accurate information.

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

- Continue with planned activities to monitor and improve the programme of risk assessments.
- Continue with work to monitor staff training and appraisals.

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.

## Details of our findings and the evidence supporting our findings 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. The team included a GP specialist adviser.

## Background to Bulbanks Medical Centre

Bulbanks Medical Centre is in Erith in the London Borough of Bexley. The practice has one principle GP, Dr Kanwalpal Singh Nandra. The practice is part of the North Bexley Primary Care Network and is planning to merge with a local GP practice next year.

The practice is registered with the CQC to carry out the following regulated activities - diagnostic and screening procedures, treatment of disease, disorder or injury, surgical procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury.

The practice provides NHS services through Primary Medical Services (PMS) contract to 4,000 patients. The practice is part of the Bexley Clinical Commissioning Group (CCG) which is made up of 23 general practices.

The practice's clinical team is led by the provider (principal GP). The practice has a long-term female locum GP and an arrangement with a male GP who provides continuity when the provider is absent. The practice also employs a practice nurse, a practice manager, a health care assistant and business manager. There is an administrator and six part time receptionists. A female specialist nurse prescriber works at the practice full time.

The practice is open from 8:00am until 7:30pm on Mondays, and from 8:00am until 6:30pm on Tuesdays, Wednesdays, Thursdays and Fridays. Patients who have previously registered to do so may book appointments online. The provider can carry out home visits for patients whose health condition prevents them attending the surgery.

The practice has opted out of providing an out-of-hours service. However, Bexley Care Trust provides patients with medical cover outside normal surgery hours. Patients calling the practice when it is closed are directed to the local out-of-hours service provider via NHS 111.

The patient profile for the practice has an above-average working age population, between the ages of 20 and 49 years and fewer than average children, teenagers and older patients, aged over-50. The locality has a higher than average deprivation level. Over a third of the practice area population is of black and minority ethnic background.