

The Medical Centre - Dr Kukar

Inspection report

The Medical Centre
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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

Inadequate



Are services safe?

Requires improvement



Are services effective?

Inadequate



Are services caring?

Requires improvement



Are services responsive?

Requires improvement



Are services well-led?

Inadequate



Overall summary

We carried out an announced comprehensive inspection at The Medical Centre-Dr Kukar on 05 March 2020.

The practice was previously inspected on 27 June 2019. Following this inspection, the practice was rated Inadequate overall and in safe, effective and well-led domains and placed in special measures. We issued warning notices for breaches of Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance).

We undertook a warning notice follow up inspection on 04 November 2019. Following that inspection, we issued a further warning notice regarding Regulation 17 'Good governance'. The practice was required to address these concerns by 31 January 2020. This inspection combined the warning notice follow up inspection and a comprehensive six-months special measures follow up inspection.

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 inadequate overall.

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

We found the provider had made improvements in providing safe services regarding:

- High risk medicines.
- Patient safety alerts.
- Emergency medicines and equipment system.
- The system regarding clinical supervision for the practice nurse and healthcare assistant (HCA).

We found the provider had not made sufficient improvements in providing safe services regarding:

- Safeguarding processes and DBS checks for clinical staff (a concern at our June 2019 inspection).
- Recruitment checks (a concern at our June and November 2019 inspections).
- Infection prevention and control (IPC), in particular, staff immunisations and immunity (a concern at our June and November 2019 inspections).

- Safe premises (a concern at our June and November 2019 inspections).
- Patient Group Directions.

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

We found the provider had made improvements for providing effective services regarding:

- Clinical supervision and appraisals for the practice nurse and healthcare assistants.

We found the provider had not made improvements for providing effective services regarding:

- They had not made sufficient improvements to several patient clinical indicators.
- The practice was unable to show that it always obtained consent to care and treatment.
- Some performance data was significantly below local and national averages.
- Appropriate core specific training and competency checking for the practice nurse and healthcare assistants.

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

- There was a deterioration in patient satisfaction indicators in the caring domain in the National GP Survey for patients.

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

- Patients described difficulties with making appointments.
- There was limited continuity of care for patients.
- There was a deterioration in patient satisfaction indicators in the responsive domain in the National GP Survey for patients.

We rated the practice as **inadequate** for providing well-led services because:

We found the provider had made some improvements to concerns we found in the well led domain:

- They had developed a system to monitor and manage patients who had been referred by the urgent referral pathway.
- They had developed a system to monitor and manage female patients who had undertaken cervical screening.

Overall summary

We found the provider had not made sufficient improvements to concerns we found in the well led domain. They could not demonstrate they had:

- Effective processes in place for managing risks, issues and performance.
- Medicines reviews for patients who are prescribed high risk medicines and other medicines that require additional monitoring.
- Undertaken regular auditing for patients who had been referred via the urgent two week-wait referral system.
- Undertaken regular auditing to safely manage and monitor cervical smear screening.

We found a new concern regarding the well led domain. The provider could not demonstrate they had:

- Safely stored patients' paper records.

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

- 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 embed a comprehensive programme of clinical quality improvement.
- Continue to improve the identification of carers to enable this group of patients to access the care and support they need.
- Facilitate access for all staff to have access to a "Freedom to Speak-Up Guardian."

The service will remain in special measures until we have undertaken the next inspection and this will be reviewed at that time. This 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.

Details of our findings are set out in the evidence table.

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	Inadequate 
Working age people (including those recently retired and students)	Inadequate 
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 advisor, a CQC pharmacy specialist and a practice nurse specialist advisor.

Background to The Medical Centre - Dr Kukar

Background to The Medical Centre-Dr Kukar

The Medical Centre also known as Dr Kukar is located at 13 Ollgar Close, Shepherds Bush, London W12 0NF. The practice is located in an adapted premises which is managed by NHS Property Services. The building is set over two floors with stair access only. There are two clinical consultation rooms and a health care assistants' room on the ground floor and three offices on the first floor. The reception and waiting area are on the ground floor with wheelchair access to the entrance of the building. There are toilet facilities on the ground floor. There is pre-payable off street parking in the surrounding area. There are good transport links with tube and over ground stations nearby.

The practice provides NHS services through a General Medical Services (GMS) contract to patients and is part of a local network of GP practices called the Northern Network.

We previously inspected the provider in May 2016 when the provider was rated as good in all areas, including patient population groups, except for caring domain which was rated as requires improvement. A desk-top review of the caring domain was undertaken in 2017 and the provider was rated as good overall.

The full comprehensive reports of the previous inspections can be found by selecting the 'all reports' link for The Medical Centre-Dr Kukar on our website at www.cqc.org.uk.

The practice provides NHS primary care services to approximately 6647 patients, and operates under a General Medical Services (GMS) contract. In addition, the practice holds a Directed Enhanced Services Contract. This is a contract between general practices and NHS England for delivering services to the local community. The practice is part of the Hammersmith and Fulham GP Federation and the NHS North West London Clinical Commissioning Group (CCG).

The practice was registered with the Care Quality Commission in April 2013 to carry out the following regulated activities: diagnostic and screening procedures, treatment of disease, disorder or injury, surgical procedures, family planning, and maternity and midwifery services.

There are two partners in place who run the service at the practice. A non-GP partner and CQC Registered Manager and a GP partner who leads the clinical team. The lead clinical GP does not provide clinical sessions at the practice and acts in an advisory capacity only. The provider employs six long-term sessional locum GPs. A female practice nurse works at the practice on one day per week and there are two healthcare assistants. There is a practice manager, a deputy practice manager (in training), a part-time external practice manager and six administrators/receptionists.

The practice population is in the third most deprived decile in England. The practice population is ethnically diverse with the majority of Middle Eastern and South-East Asian ethnicities. There is a higher than the national average number of patients between 5 and 16 years of age and between 20 and 44 years of age. There is a lower than the national average number of patients 60 years plus. Information published by Public Health England, rates the level of deprivation within the practice population group as three, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice reception is open Monday to Friday between 8.00am-7.00pm. Patients may book appointments by telephone, online or in person. When the practice is closed, patients are directed to contact the local out of hours service and NHS 111. Out of hours services are provided by London Central and West and contact details are communicated in a recorded message accessed by calling the practice when it is closed, or by accessing the information on the practice website.

Patients can book appointments up to four weeks in advance using online services, in person or by telephone. Extended hours services are available at three practices across the borough in the evening between 6.30pm-8.00pm or at the weekend. During the practice's opening hours, patients may request to book an appointment at one of these sites for an evening or weekend appointment. On Saturdays, at all sites, pre-bookable practice nurse appointments are available which can be booked through the practice. Information is available on the practice website regarding GP extended hours services open to all patients in the borough running 7 days a week in Hammersmith and Fulham.

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 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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Warning Notice</p> <p>How the regulation was not being met:</p> <p>There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.</p> <p>In particular we found:</p> <ul style="list-style-type: none">• The provider failed to have appropriate arrangements in place regarding safeguarding leads, in line with national guidance.• The provider failed to have a safe system in place regarding recruitment checks.• The provider failed to operate a safe effective system regarding infection prevention and control in line with national guidance.• The provider failed to operate a secure system regarding the safe storage of patients' records in line with national guidance and legislation.• The provider failed to assure themselves the practice premises were safe for staff and patients.• The provider failed to have a system in place to ensure Patient Group Directions are appropriately and lawfully maintained in line with national guidance. <p>This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>