

Jai Medical Centre (Brent)

Inspection report

82 Stag Lane
Edgware
Middlesex
HA8 5LP
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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?

Inadequate 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Inadequate 

Overall summary

We carried out an announced focused inspection at Jai Medical Centre (Brent) on 1 October 2019 as part of our inspection programme. We decided to undertake an inspection of this service following our annual review of the information available to us. This inspection was planned to focus on the following key questions:

- Is the service effective?
- Is the service caring?
- Is the service well-led?

During the inspection we decided to additionally include the following key question:

- Is the service safe?

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.
- During our inspection, we visited one surgery, the Sheldon practice. But our findings relate to both sites.
- Because of the assurance received from our review of information we carried forward the rating for the following key question: Is the service responsive? The practice is rated as Good for this key question.

We have rated this practice as inadequate overall.

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

- The practice did not have clear systems and processes to keep patients safe.
- The practice did not have appropriate systems in place for the safe management of medicines.
- The practice did not have effective systems in place to follow-up urgent referrals.
- The practice did not have an effective system to learn and make improvements when things went wrong.

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

- While there were some governance systems in place these were not comprehensive
- The practice had not identified clear gaps in governance and was not managing risks effectively.

- Systems and processes for sharing learning were weak.

We rated the practice as **good** for providing effective and caring services because:

- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

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.

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

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

- Review any further appropriate actions that could be taken to improve the cervical screening uptake rate and take action on related issues (such as read coding) which have already been identified

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 population group, 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.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Overall summary

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

Our inspection team

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

Background to Jai Medical Centre (Brent)

Jai Medical Centre (Brent) is located at 82 Stag Lane, Edgware, London HA8 5LP. The service covers two surgeries: the Stag Holyrood surgery which is located at 82 Stag Lane and the Sheldon practice which is located at 19 Chichele Road, NW2 3AH.

Both surgeries were run as separate practices by the provider until 1 July 2019 when the contract merged. There is now one patient list and patients are able to use either surgery. The provider also runs two additional general practices in North London which are separately registered.

The practice is part of a wider network of GP practices. The leaders are aware of initiatives being planned in their network, for example access to clinical pharmacist support. There are good transport links with tube and bus routes running near both surgeries.

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

The practice provides NHS services through a General Medical Services (GMS) contract to around 6,200 patients. The practice's clinical team is led by the partners who have oversight of the business. One of the partners is a GP and provides clinical cover when required.

The practice is staffed by three regular GPs (two female and one male) providing 20 sessions across both surgeries per week. The practice also employs two nurses and offers nurse appointments on two days a week at each surgery. There are five health care assistants and a phlebotomist and a team of administrators and receptionists. The practice also employs local assistant practice managers.

The practice has recently changed its opening hours and is now open from Monday to Friday from 8am to 6.30pm. Standard appointments are 10 minutes long, with patients being encouraged to book double slots should they have several issues to discuss. Patients who have previously registered to do so may book appointments online. The provider carries out home visits for patients whose health condition prevents them attending the surgery.

In addition to the extended hours operated by the practice on Wednesday evening, the clinical commissioning group has commissioned an extended hours service, which operates between 6.30pm and 8pm on weeknights and from 8am to 8pm at weekends at five "Hub" locations across the borough. Jai Medical Centre

(Brent) hosts one of these services at the Stag Holyrood surgery through a service level agreement. Patients may book appointments with the service through their own GP.

The practice has opted out of providing an out-of-hours service. However, the provider is available outside usual surgery hours, with the practice's phone line being routed

to an answering service, which will pass on messages. Otherwise, patients calling the practice when it is closed relate to the local out-of-hours service provider via NHS 111.

The patient profile for the practice has an above-average working age population and fewer than average children and teenagers. Around two-thirds of the practice area population is of black and minority ethnic background.

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 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>The provider had failed to ensure the proper and safe management of medicines;</p> <ul style="list-style-type: none">• The provider did not have effective arrangements in place to ensure that patients who were prescribed medicines that required ongoing monitoring had the required tests in place.• The provider did not have effective arrangements to follow-up patients who were referred under the ‘two-week wait’ scheme.• The provider did not have effective arrangements in place for the monitoring and security of prescriptions pads and computer prescription paper. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>A warning notice was issued.</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>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 arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively.• The provider did not have an effective system to investigate significant events and share learning.

This section is primarily information for the provider

Enforcement actions

- Governance systems were poorly defined. For example, there was a lack of clarity over expectations of the lead GP role at local level.
- The provider was carrying out some clinical audit but this was not well embedded. Some clinical staff were not aware of recent audits or results.
- The practice held meetings and encouraged communication but these were poorly documented.

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

A warning notice was issued.