

The Surgery - Dr Mangwana and Partners

Inspection report


Palace Surgery
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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?

Inadequate 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Inadequate 

Overall summary

We carried out an announced comprehensive inspection at The Surgery Dr Mangwana and Partners on 6 August 2019. This was a follow-up to our last inspection on 26 September 2018 when we rated the provider as requires improvement overall, and requires improvement in safe, effective and well led domains.

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 **inadequate** for providing safe services because:

- The practice did not have reliable systems and processes to keep patients safeguarded from abuse.
- The practice did not have safe systems regarding the management of patients on high-risk medicines.
- The practice did not have reliable infection prevention and control practices in place.
- The practice did not maintain adequate records to monitor and manage the cold chain effectively.
- The practice did not have complete fire safety systems in place.
- The practice did not have reliable systems in place to manage health and safety and the practice premises safely.

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

- The provider could not demonstrate people's needs were assessed and care and treatment delivered, in line with current legislation, standards and evidence-based guidance.
- The provider could not demonstrate how people's care and treatment outcomes were monitored and how they compared with other similar services.
- The practice was unable to show that staff had the skills, knowledge and experience to carry out their roles.

- The provider could not demonstrate how staff and services work together to deliver effective care and treatment.

- The provider could not demonstrate they monitored consent to care and treatment.

- Some performance data was significantly below local and national averages.

- The provider could not demonstrate how they supported people to live healthier lives.

These areas affected all population groups, so we rated all population groups as inadequate.

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

- Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.
- Staff helped patients to be involved in decisions about care and treatment.
- The practice respected patients' privacy and dignity.
- The practice had systems in place to identify carers and provide relevant support.

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

- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

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

- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care.
- The overall governance arrangements were ineffective.
- The practice did not have an appropriate fail-safe system in place for the safe management of patients who had been referred via the two-week wait urgent referral system.

Overall summary

- The practice did not have an appropriate fail-safe system in place to monitor and manage cervical screening for female patients.
- The practice did not have an appropriate fail-safe system in place to monitor and manage prescribing and prescriptions safety.
- The provider did not have a safe or effective recruitment system in place.
- The provider did not have a safe or effective system in place to monitor and manage emergency medicines and equipment.
- While the practice had a clear vision, that vision was not supported by a credible strategy.
- 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.
- We saw limited evidence of systems and processes for learning, continuous improvement and innovation.

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.

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

- Improve the identification of carers.

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.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor, a practice nurse specialist advisor, a practice manager specialist advisor, and two CQC inspectors, one of whom was shadowing the inspection.

Background to The Surgery - Dr Mangwana and Partners

The Surgery-Dr Mangwana and Partners, also known at the Palace Surgery, is located at 510 Fulham Palace Road, Fulham, London, SW6 6JD. The practice is in an adapted premises which is managed by NHS Property Services. The building is set over three floors and has stair and lift access (to the first floor). There are clinical consultation rooms and offices on the ground floor; clinical consultation rooms, an office, store rooms and toilets on the first floor; and an office and a conference room on the second floor. There is wheelchair access to the building and disabled toilet facilities on the ground floor. Pre-payable off street parking is available in the surrounding area. There are good transport links with bus services and tube stations nearby.

The practice provides NHS services through a General Medical Services (GMS) contract to patients and is part of a primary care network (PCN) of GP practices called the Southern Network. In addition, the practice holds a Directed Enhanced Services Contract. This is a contract between the general practice 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).

We have inspected the provider on two previous occasions. On 18 July 2017, the provider was rated as requires improvement in the Safe domain and good in all other areas. We undertook a follow-up inspection on 26 September 2018. On this inspection, the provider was rated as requires improvement overall, requires improvement in safe, well-led and effective and good for caring and responsive.

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

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 and maternity and midwifery services.

There are two GP partners in place who run the service at the practice. The provider employs three part-time sessional locum GPs; a part-time male practice nurse; a practice manager; a healthcare assistant/administrator and six administrators and receptionists.

The practice provides NHS primary care services to approximately 5500 patients. The practice population is in the eighth decile in England. The practice population is comprised of 81% of people from a White European ethnic group background. There is a higher than the national average number of patients between 15 and 44 years of age. 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 on Monday, Tuesday, Wednesday and Friday between 8:00am-7:00pm and on Thursdays between Thursday: 8.00am-6.30pm. 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 online, 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 seven 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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Warning notice</p> <p>Care and treatment must be provided in a safe way for service users.</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">•The provider could not demonstrate they operated safeguarding systems and practices in a way that kept people safe.•The provider could not demonstrate they have an effective system in place to safely manage patients who had been prescribed high-risk medicines.•The provider could not demonstrate they have an effective system in place to safely manage infection prevention and control (IPC) practices.•The provider could not demonstrate they operated cold chain practices in accordance with national guidance. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act.</p>
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>

This section is primarily information for the provider

Enforcement actions

In particular we found:

- The provider could not demonstrate they have an effective system in place to safely manage patients who had been referred via the urgent two week-wait system.
- The provider could not demonstrate they have an effective system in place to safely manage regarding patient safety alerts.
- The provider could not demonstrate they have a failsafe system in place to safely manage and monitor cervical smear screening.
- The provider could not demonstrate they operated safe prescribing systems within the practice.
- The provider could not demonstrate they operated safe recruitment systems within the practice
- The provider could not demonstrate they operated a safe system regarding emergency medicines and equipment.
- The provider could not demonstrate that all staff had the skills, knowledge and experience to carry out their roles safely and effectively.

This was in breach of Regulation 17 (1) of the Health and Social Care Act.