

# The Sunflower Medical Centre

## Inspection report

Date of inspection visit: 20 January 2020

Date of publication: 01/04/2020

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?

Requires improvement



Are services responsive?

Requires improvement



Are services well-led?

Inadequate



# Overall summary

We carried out an announced comprehensive inspection at Manor House Medical Centre on 23 January 2020 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 was a comprehensive inspection that looked at all the key questions.

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 clear systems and processes to keep patients safe.
- Staff vaccination was not maintained in line with current Public Health England (PHE) guidance.
- Appropriate standards of cleanliness and hygiene were not met.
- There were gaps in systems to assess, monitor and manage risks to patient safety.
- The practice did not always have the information they needed to deliver safe care and treatment.
- The practice did not have appropriate systems in place for the safe management of medicines.
- The practice did not learn and make improvements when things went wrong.

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

- Some performance data was significantly below local and national averages.
- There were no systems in place to keep clinicians up to date with current evidence-based guidance.
- The practice was unable to show that staff had the skills, knowledge and experience to carry out their roles.
- The practice was unable to show that it always obtained consent to care and treatment.

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

- Feedback from patients was mostly negative about the way staff treated people and there was no evidence provided to show how the practice had acted to improve patient satisfaction with the service.
- There was feedback from patients regarding access to the service was lower than average.
- Complaints were not always used to improve the quality of care.

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.
- While the practice had a clear vision, that vision was not supported by a credible strategy.
- The practice culture did not effectively support high quality sustainable care.
- The overall governance arrangements were ineffective.
- 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.

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

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:

- Take action to review the availability of practice information in easy read format.
- Monitor and improve patient access to the service.

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

# Overall summary

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

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

## Our inspection team

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

## Background to The Sunflower Medical Centre

The Sunflower Medical Centre operates from 116 Chaplin Road, Wembley, Brent HA0 4UZ. The premises are in a purpose built building co-located with four other GP practices and owned by NHS Property Co. Services. The practice is currently part of any wider network of GP practices called Harness Care Federation. There is on site patient pay and display parking, with easy access to public transport.

The practice is regulated by the Care Quality Commission to provide treatment of disease, disorder or injury; diagnostic and screening procedures and maternity and midwifery services.

The practice provides NHS services through a General Medical Services (GMS) contract to 3,214 patients. It is part of the NHS Brent Clinical Commissioning group (CCG) within the Kingsbury and Willesden locality.

The practice's clinical team is led by the provider (principal GP. The principal GP is on a job-share role with another GP and the practice provides a total of 23 GP sessions a week, including locum GP cover. There are two practice nurses (female) and a healthcare assistant who provide a total of 17 hours a week. A clinical pharmacist provided by the network works alongside the practice's administrative team which is made up of a practice manager, three receptionists and an administrator.

The practice is open between 8.30am and 6.30pm on Monday to Friday and extended hours are provided between 6.30pm and 7pm on Tuesday and between 7.30am to 8am on Tuesday and Thursday. Appointments can be pre booked up to six weeks in advance. The practice offers telephone consultations and home visits are available and need to be requested by phone before 10.00am. The practice has opted out of providing an out-of-hours service. Patients calling the practice when it is closed are informed about the NHS 111 service and details of the local out-of-hours service provider. Information is provided on the practice website regarding the NHS 111 service.

The patient profile for the practice indicates a population of working age people comparable to the national average, with a higher proportion of adults in the 30 to 39 age range. There are a slightly higher proportion of children and young people but fewer older people in the area compared to the national average.

Services provided include child health surveillance, chronic disease management, minor surgery, family planning, travel vaccinations, phlebotomy and health promotion.

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      | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment   |
| Maternity and midwifery services         | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment   |
| Treatment of disease, disorder or injury | Warning Notice<br><br>How the regulation was not being met:<br><br>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment.<br><br>In particular we found: <ul style="list-style-type: none"><li>• The provider did not have oversight of facilities management undertaken by NHS Property Services (NHSPS), specifically remedial work identified from building risk assessments, to be satisfied that all areas managed by NHSPS were up-to-date and compliant to ensure the health and safety of staff and people using the service.</li><li>• The provider could not demonstrate an effective system to receive, disseminate and act upon patient safety alerts. We found some alerts relevant to primary care and the patient population had not been documented as received or acted upon.</li><li>• The provider did not maintain the immunisation status of all staff in line with current guidance</li><li>• The provider could not demonstrate an effective and consistent process to monitor the temperature of the vaccine refrigerator to ensure the cold chain was maintained and there was no second thermometer in the refrigerator in line with guidance.</li><li>• The provider could not demonstrate that the storage and monitoring of blank prescription stationery was effective.</li></ul> |

This section is primarily information for the provider

## Enforcement actions

- The provider could not demonstrate that the arrangements for managing the Yellow Fever vaccination was in line with current guidance.
- The provider could not demonstrate that all staff had the appropriate authorisations to administer medicines through signed Patient Group Directions.
- The provider could not demonstrate that the arrangements in relation to infection control mitigated the risk of spread of infection and that the segregation and disposal of sharps waste was in line with guidance.

This was in breach of Regulation 12 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Diagnostic and screening procedures  
Maternity and midwifery services  
Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**Regulation 17 HSCA (RA) Regulations 2014 Good governance**

**Warning Notice**

How the regulation was not being met:

There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.

In particular we found:

- The provider failed to have effective systems in place to safeguarding children and vulnerable adults from abuse.
- The provider failed to have effective oversight and monitoring of staff training.
- The provider failed to have effective clinical and management oversight of nursing performance for cervical screening and infection prevention and control.

This section is primarily information for the provider

## Enforcement actions

- The provider failed to have effective systems in place to assess, monitor and mitigate risks to patients through appropriate meetings to share clinical updates and learning with all staff.
- The provider failed to ensure practice policies and procedures were reviewed regularly and kept up-to-date.

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