

# Dr Kim Cheung

## 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.

## Ratings

### Overall rating for this location

Are services safe?	
Are services well-led?	

# Overall summary

Dr Kim Cheungs practice was previously inspected in December 2014 and received a rating of good overall. In January 2018 we carried out a comprehensive inspection where the practice was rated as inadequate overall. We found the practice was inadequate for providing safe and well-led services. As a result, we issued a warning notice for regulation 17, good governance, to ensure the practice made appropriate improvements.

We carried out an announced focused inspection at Dr Kim Cheung on 5 June 2018. The focused inspection was to review whether the provider had made improvements and was compliant with the warning notice. We also looked at the governance arrangements and the leadership of the practice. The inspection was carried out part of our inspection programme under Section 60 of the Health and Social Care Act 2008.

At this inspection we found:

- Some areas of improvements highlighted in the January 2018 inspection had been acted upon however there were multiple areas that previously required improving that the provider had not resolved.
- The practice had carried out all environmental risk assessments to ensure they safeguarded patients and staff from harm. For example, we found there was an appropriate fire risk assessment, health and safety assessment, Legionella assessment and a Control of Substances Hazardous to Health assessment (COSHH).
- The practice was clean and tidy and aspects of infection prevention control had been audited since the January 2018 inspection.
- The practice had improved the process to ensure patient safety and medicine alerts were reviewed, acted on and shared amongst the clinical team.
- The system for monitoring patients taking high risk medicines still required strengthening.
- The practice was still not equipped to deal with medical emergencies as we found they did not have access to oxygen although it had been ordered three days prior to

the inspection. The practice had revised their emergency medicines stock however they had not considered all relevant and appropriate medicines for which there were no risk assessments.

- Staff had completed most of their training to meet the needs of their patients and responsibilities. Yet staff had not carried out information governance training which the practice had outlined needed to be completed annually.
- The sample of practice policies we reviewed during the inspection had been updated and were unique to the practice.
- Staff were aware of local protocols and had adequate knowledge to safeguard vulnerable adults and children. There were now updated safeguarding protocols in place for staff to be able to refer to.
- We found that the safeguarding lead had not completed the appropriate training to carry out the role.
- Electrical devices and medical equipment had been portable appliance tested and calibrated in April 2018.

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.
- Ensure care and treatment is provided in a safe way to patients.

The practice had not made effective improvements to comply with the warning notice and we also found that there was a lack of leadership due to the absence of the provider, who had not made sufficient governance arrangements in their absence. The practice remains in special measures and we are considering taking enforcement action.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

## Our inspection team

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser.

## Background to Dr Kim Cheung

Dr Kim Cheung, also known as Ash Tree Surgery, is located in Stanford-Le-Hope, Essex. The practice has a General Medical Services (GMS) contract with the NHS.

- The practice provides services at Fobbing Road, Corringham, in Stanford-le-Hope, Essex.
- There are approximately 1939 patients registered at the practice.
- The practice is usually managed by a lead GP who is supported by a practice nurses and reception staff. The practice is occasionally supported by a long term locum GP.
- The practice has low levels of deprivation amongst children and older people. The life expectancy of the male and female patients within the area in line with national averages.
- The practice is open between 8am and 6.30pm on weekdays with surgeries running from 9.50am to 6pm.
- Weekend appointments are available via 'Thurrock Health Hubs' a service set up by Thurrock Clinical Commissioning Group (CCG). Patients are able to book through the practice.
- When the practice is closed patients are advised to call 111 if they require medical assistance and are unable to wait until the surgery reopens. The out of hour's service is provided by IC24.

# Are services safe?

**The practice was not rated for providing safe services at this inspection. At the last inspection, this domain was rated as inadequate and remains rated as such until we carry out a further comprehensive inspection later this year.**

At the January 2018 inspection we found there were inadequate systems to safeguard vulnerable adults, environmental risk assessments had not been completed, medical and electrical equipment had not been checked, staff had not carried out appropriate training for their roles, the practice was not equipped to deal with medical emergencies and there were ineffective systems to monitor safety alerts and high risk medicines.

## **What we found at this inspection**

### **Safety systems and processes**

The practice had some systems to keep people safe and safeguarded from abuse.

- At the previous inspection we found that the provider had some systems in place to safeguard children and vulnerable adults from abuse, but had not provided staff with relevant policies to safeguard vulnerable adults. Since the last inspection the practice had introduced a vulnerable adults safeguarding policy to inform staff of relevant safeguarding information.
- All non-clinical staff and the practice nurse had received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.
- The practice had a designated GP to carry out safeguarding responsibilities. Previously we found that the GP had not received up to date training relevant to the lead safeguarding role. At this inspection we found the lead GP had still not completed the relevant training.

- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order as portable appliance testing (PAT) and calibration tests had been carried out.

### **Appropriate and safe use of medicines**

The practice did not have reliable systems for appropriate and safe handling of medicines.

- The practice continued to not have relevant risk assessments to determine what type of emergency medicines the practice required and reasons, if necessary, for not stocking certain medicines.
- The practice did not have access to emergency medical gasses such as oxygen.
- The systems for storing medicines, including vaccines minimised risks.

### **Track record on safety**

The practice had improved areas regarding track record on safety however there were still some areas that required strengthening.

- There were risk assessments in relation to safety issues.
- There was a system for receiving patient safety and medicine alerts. We found it was effective for mitigating the risks to patients.
- The practice had processes in place to monitor high risk medicines however we found the system was ineffective to ensure all patients were having appropriate reviews.

**Please refer to the Evidence Tables for further information.**

# Are services well-led?

**The practice was not rated for providing well-led services during this inspection. At the last inspection, this domain was rated as inadequate and remains rated as such until we carry out a further comprehensive inspection later this year.**

At the previous inspection we found that overall, the leadership lacked the capacity and strategy to provide effective arrangements and systems which led to governance, policies and procedural failures.

## What we found at this inspection

### Leadership capacity and capability

There had been minimal leadership since the provider took unexpected absence from the practice since May 2018. Clinical duties have been carried out by a long term locum GP and some administrative duties were led by the practice nurse. There was very little oversight to drive change and improve the capacity and skills to deliver high-quality, sustainable care.

- Leaders demonstrated little insight about issues, risks and priorities relating to the quality and future of services. They did not demonstrate an understanding of the challenges they faced.
- The provider failed to submit appropriate notifications required as part of their regulatory requirements, despite being prompted. It is a legal requirement to submit a statutory notification to the Care Quality Commission explaining any absences over 28 days and to advise us of the arrangements in place to cover this absence, including the skills and qualifications of the person responsible.

The practice is currently in a period of special measures and we found that since the last inspection there remains a lack of leadership at the practice to drive the necessary improvements and reduce the risk to patients.

### Governance arrangements

There were unclear roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were ineffective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established some policies, procedures and activities to ensure safety however there were aspects of clinical responsibilities that required clearer oversight. For example, there had been an ineffective review for managing emergency medicines and medical gasses.

### Managing risks, issues and performance

The clarity around processes for managing risks, issues and performance was unclear. Although we found that some areas had been improved since our previous inspection there were still areas where risks had not been managed.

- The practice had introduced some processes to identify, understand, monitor and address current and future risks including risks to patient safety. For example, the practice had carried out environmental risk assessments such as health and safety, fire risk assessment and Control of Substances Hazardous to Health assessment (COSHH) to mitigate potential harm to patients and staff.
- Staff had been given time to complete training to meet the needs of their patients. This included training in infection prevention control, fire safety, and Mental Capacity Act. Although staff had completed training relevant to their roles, we found that they had not completed information governance training which the practice had stated should be completed annually.
- The practice had effective oversight of national and local safety alerts, incidents, and complaints.

**Please refer to the Evidence Tables for further information...**