

# Parkview Medical Centre

## Inspection report


56 Bloemfontein Road  
Shepherds Bush  
London  
W12 7FG  
Tel: 0208 749 4141  
[www.parkviewdrkukar.nhs.uk](http://www.parkviewdrkukar.nhs.uk)

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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?

Requires improvement 

Are services responsive?

Inadequate 

Are services well-led?

Inadequate 

# Overall summary

We carried out an announced comprehensive inspection at Parkview Medical Centre (Dr Kukar and Partners) on 25 September and 30 September 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.

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 provider did not have clear systems and processes in place to keep patients safe and safeguarded from abuse.
- The provider did not carry out recruitment checks in accordance with regulations.
- The provider did not have systems and processes in place to manage and monitor cervical smear screening.
- The provider did not monitor the prescribing of controlled drugs, for example, investigation of unusual prescribing, quantities, dose, formulations and strength.
- The provider did not have clear systems and processes in place to manage prescription stationery.
- The provider did not have effective systems in place to ensure that safety alerts were appropriately actioned.

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

- There was no effective process in place to ensure that clinicians were aware of relevant and current evidence-based guidance and standards and were practising in line with guidance.
- There was an overall lack of clinical monitoring and oversight to ensure effective care to drive quality improvement.
- The provider was unable to demonstrate that all staff had the skills, knowledge and experience to carry out their roles through core and role-specific training, supervision and appraisal

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

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

- The practice could not demonstrate that patient privacy and patient information was consistently treated with confidentiality and in a way that complied with the Data Protection Act.
- The practice could not demonstrate that they had sufficiently enabled people to express their views or had adequately sought or considered people's preferences and choices when planning how care, support and treatment was delivered.

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

- The service did not meet patients' needs.
- Patients could not access care and treatment in a timely way.
- The practice planned and delivered services without consideration for the needs of its local population and patient population groups.

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

- The provider could not show that they had the capacity and skills to deliver high quality, sustainable care.
- The overall governance arrangements were ineffective and unsafe.
- The provider did not have clear and effective processes for managing risks, issues and performance.
- We saw little evidence of systems and processes for learning, continuous improvement and innovation.

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

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.
- Staff must receive the support, training, professional development, supervision and appraisals that are necessary for them to carry out their role and responsibilities.

# Overall summary

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

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

<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 on the inspection undertaken on 25 September 2019 was led by a CQC lead inspector. The team included a GP specialist advisor, a practice nurse specialist advisor and a second CQC inspector. Our

inspection team on the inspection undertaken on 30 September 2019 was led by a CQC lead inspector. The team included a GP specialist advisor and a second CQC inspector.

## Background to Parkview Medical Centre

Parkview Medical Centre (Dr R Kukar and Partners) is situated at Parkview Centre for Health and Wellbeing, Cranston Court, 56 Bloemfontein Road, Shepherds Bush, London, W12 7FG. This is a purpose-built primary health care centre shared with three other GP practices and community services.

The practice has access to two consulting rooms and a shared reception on the ground floor, and administrative space on the first floor.

The practice provides NHS primary care services to approximately 1,900 people living in Hammersmith and Fulham through a General Medical Services (GMS) contract (a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract). The practice is part of the NHS Hammersmith and Fulham Clinical Commissioning Group (CCG).

The practice population is in the second most deprived decile in England. People living in more deprived areas tend to have greater need for health services.

The practice is registered with the Care Quality Commission (CQC) as a partnership to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder or injury and maternity and midwifery services.

The practice staff comprises one salaried GP (female) and three long-term locum GPs (two male and one female), a part-time practice nurse, a part-time healthcare assistant. The team are supported by a part-time practice manager, two part-time 'consultant' practice/business manager and three reception staff. Staff work across two separately registered practices managed by the partnership.

The practice is open between 8am and 6.30pm Monday to Friday. However, there was no provision for patients to be seen on Monday, Thursday and Friday afternoon as there was no clinician (GP or nurse) on the premises.

Out-of-hours services are accessed through 111 and details of this were included in the practice leaflet and on the website. We saw that patients can access extended hours appointments at a GP practice located within the same healthcare centre.

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><b>The provider had systems or processes in place that were operating ineffectively in that they failed to enable the provider to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk:</b></p> <ul style="list-style-type: none"><li>• The provider did not have clear systems and processes in place to keep patients safe and safeguarded from abuse.</li><li>• The provider did not carry out recruitment checks in accordance with regulations.</li><li>• The provider did not have systems and processes in place to manage and monitor cervical smear screening.</li><li>• The provider did not have clear systems and processes in place to manage prescription stationery.</li><li>• The provider did not have effective systems in place to ensure that patient safety alerts were appropriately actioned.</li></ul> <p><b>This was in breach of regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p><b>The provider had not ensured that staff had received the support, training, professional development, supervision and appraisals that are necessary for them to carry out their role and responsibilities.</b></p> <ul style="list-style-type: none"><li>• The provider could not demonstrate that staff had received appropriate appraisal.</li></ul>

This section is primarily information for the provider

## Enforcement actions

- The provider could not demonstrate that role-specific training had been provided for the nurse and a healthcare assistant.
- The provider could not demonstrate that all clinical and non-clinical staff had undertaken core training.
- The provider could not demonstrate that clinical protocols were in place for the healthcare assistant

**This was in breach of regulation 18 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**