

# Lanark Medical Centre Ground Floor

## Inspection report

Ground Floor  
165 Lanark Road  
London  
W9 1NZ  
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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

Requires improvement 

Are services safe?	Good 
Are services effective?	Requires improvement 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Requires improvement 

# Overall summary

We carried out an announced comprehensive inspection at Lanark Medical Centre Ground Floor (Dr Aseem Kashif) on 30 January 2020 as part of our inspection programme.

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 requires improvement overall.**

We rated the practice as requires improvement for providing effective and well-led services because:

- Some performance data was significantly below local and national averages.
- Systems and processes to ensure good governance in accordance with the fundamental standards of care required had not always identified the shortfalls within the service.

We rated the practice as good for providing safe, caring and responsive services because:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- 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 practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- There was a clear leadership structure and staff felt supported by management.

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.

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

- Continue to review and improve the uptake of cervical screening and the childhood immunisation programme.
- Continue to improve the performance rates for the prescribing of hypnotics and NSAIDs.
- Action the outcomes of the recent Infection Prevention and Control (IPC) audit.

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

## Our inspection team

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

## Background to Lanark Medical Centre Ground Floor

Lanark Medical Centre Ground Floor (Dr Aseem Kashif), operates from 165 Lanark Road, London, W9 1NZ. The practice operated on the ground floor and first floor which was accessible by lift and stairs. The property is shared with another GP practice.

The practice holds a Personal Medical Services (PMS) contract with NHS Central London (Westminster) Clinical Commissioning Group (CCG) and provides services to approximately 3,700 patients.

The practice is registered as an individual with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder or injury and surgical procedures. The practice had not registered to provide the regulated activity maternity and midwifery services which is required as part of their service portfolio. Immediately after the inspection the practice sent confirmation that they had submitted an application to CQC to add the regulated activity.

The practice includes one male lead GP, two female salaried GPs and one male salaried GP, a part-time practice nurse and phlebotomist. They are supported by a practice manager and administration and reception team.

The practice core hours are between 8am and 6.30pm Monday to Friday. Extended hours appointments are available on Monday from 6.30pm to 8pm for GP and practice nurse appointments. In addition, patients can also access GP and practice nurse appointments from local GP in the evenings and at the weekend.

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. Data shows that almost 47% of patients at the practice area were from Black and Minority Ethnic (BME) groups.

This section is primarily information for the provider

## Requirement notices

### 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 requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met.</b></p> <p><b>The provider had not ensured that effective systems and processes were in place to ensure good governance in accordance to fundamental standards of care. In particular:</b></p> <ul style="list-style-type: none"><li>• There was no programme of clinical audit.</li><li>• There were gaps in relation to safety-netting of urgent two-week wait referrals and monitoring cervical cytology.</li><li>• There was no formal system to review and document clinical notes and prescribing of clinical staff.</li><li>• There was no clear system to receive, disseminate and discuss new and updated evidence-based guidance.</li><li>• Induction processes had failed to appropriately assess the skills competency and training needs of a newly recruited clinical staff member.</li><li>• Policies and procedures contained out-of-date and insufficient information.</li></ul> <p><b>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>