

Kings Edge Medical Centre

Quality Report

132 Stag Lane, Kingsbury, London, NW9 0QP
Tel: 020 8204 0151
Website:

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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.

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Kings Edge Medical Centre on 19 February 2016. The practice was rated as inadequate and placed into special measures. Because of the concerns found at the inspection we served the provider with a Section 31 of the Health and Social Care Act 2008 ("the Act") notice to impose an urgent suspension of the regulated activities from the location for a period of three months from 23 February 2016 to 18 May 2016.

We undertook a focused inspection on 17 May 2016 to check whether the provider had made sufficient improvements to allow the suspension to end and if further enforcement action was necessary.

This report covers our findings in relation to our focused inspection. You can read our findings from our last comprehensive inspection by selecting the 'all reports' link for Kings Edge Medical Centre on our website at www.cqc.org.uk

Following our focused inspection we found the provider had implemented sufficient improvements to allow the period of suspension to end, however we still had concerns with regard to the provider's ability to implement the systems and effectively govern the practice. Because of the new concerns we made a decision under Section 31 of the Health and Social Care Act 2008 ("Act") to impose an additional condition on the registration of the provider in respect of the regulated activities. The additional conditions are that Kings Edge

Summary of findings

Medical Centre must not register any new patients apart from new born babies, newly fostered or adopted children to patients already registered with the practice for a period of three months from 23 May 2016.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Kings Edge Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Kings Edge Medical Centre

Kings Edge Medical Centre is located in Brent, London and holds a Personal Medical Services (PMS) contract and is commissioned by NHSE London. The practice is registered with the Care Quality Commission to provide the regulated activities of family planning, diagnostic and screening procedures, surgical procedures, maternity and midwifery services and treatment of disease, disorder or injury.

The practice is staffed by five part time GPs, three female and two male. The senior GP and an associate GP work four sessions at 16 hours a week, two other GPs work 12 hours a week and another GP works four hours a week. The practice also employs a full-time practice manager who is also a non clinical partner, three practice nurses and a newly appointed healthcare assistant (HCA) who work a combination of full and part time hours as well as four reception and administration staff. The practice is a teaching practice for medical students from two colleges.

The practice is open between 9.00am and 6.30pm on Monday, Tuesday, Thursday and Friday and between 9.00am and 12.00pm on Wednesday. Between 6.30pm and 9.00am and Wednesday afternoons the answerphone redirects patients to NHS 111. Extended hours surgeries are offered on Thursday between 6.30pm and 8.00pm.

The practice has a list size of 4,476 patients and provides a range of services including childhood vaccinations, ECG monitoring, 24 hour blood pressure monitoring and inhouse phlebotomy. The practice also provides public health services including flu vaccinations and travel vaccinations. The practice provides care and treatment to 20 patients in one nursing home.

The practice is located in an area where the majority of the population is relatively young and aged between 20-44 years of age.

Why we carried out this inspection

We undertook a focused inspection of Kings Edge Medical Centre on 17 May 2016. This was carried out because at the February 2016 inspection the service was identified as being in breach of the legal requirements and regulations associated with the Health & Social Care Act 2008. Specifically breaches of Regulation 12 Safe Care and Treatment and Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the February 2016 inspection we found areas where the provider must make improvements:

- Introduce robust processes for reporting, recording, acting on and monitoring significant events, incidents and near misses. Ensure staff are aware of and comply with the requirements of the Duty of Candour in the event of a notifiable safety incident.
- Ensure recruitment arrangements include all necessary employment checks for all staff, for example, Disclosure and Barring Service (DBS) checks or risk assessments for all staff providing a chaperone service for patients.

Detailed findings

- Take action to ensure premises and equipment are kept clean, properly maintained and comply with the guidance from legislation about the prevention and control of infections.
- Put systems in place to ensure all clinicians are kept up to date with national guidance and guidelines.
- Carry out continuous quality improvement processes for example two cycle clinical audits to ensure improvements have been achieved.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Provide staff with appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Clarify the leadership structure and ensure there is leadership capacity to deliver all improvements.
- Ensure staff understand the Mental Capacity Act 2005 and related guidance.

This inspection was carried out to check whether the provider had made sufficient improvements to allow the suspension to end and if further enforcement action was necessary.

Are services safe?

Our findings

At the inspection on 19 February 2016 we found concerns in relation to delivering safe care and treatment. We found over 1000 hospital letters that had not been dealt with. We sampled up to 30 letters, checked against the patient records and found a number of areas of concern with the care and treatment provided to individual patients.

At this inspection the provider informed us that since the suspension an audit had been done of the letters and he told us that no action was necessary with any of the patients concerned. However, we rechecked the records of those patients identified at our previous inspection and found the following remained a concern in terms of safe care and treatment;

- A patient with a high potassium test result that should have been repeated within two days as they were risk from adverse side effects. The GP told us there was no reason to repeat the test as he had diagnosed the patient with pseudo hyperkaleamia. This decision was against recognised guidance.
- An elderly patient on repeat prescriptions for Methotrexate (a high risk medicine that requires regular monitoring) was not receiving regular blood tests. The hospital letter stated that two monthly blood tests were required. The lead GP said that this was the hospital's responsibility not the prescribers. He could not provide assurances that the blood tests were indeed being carried out by the hospital.
- A patient had been prescribed four different NSAID gels over a two month period because they kept complaining that their medication was not effective. The GP did not ask the patient to wait until their prescription due date. This put the patient at risk of adverse side effects.

At the inspection on 19 February we found the provider was not offering chaperones and he was not recording if a chaperone was offered in the patient notes. The practice had not undertaken the required recruitment checks on practice staff and there were gaps in mandatory training. We found concerns with the practice's ability to deal with emergencies. Staff were not able to demonstrate how they would use the Automated External Defibrillator (used for cardiac arrest), there was no accessory equipment to deliver oxygen effectively and some emergency medicines were out of date.

We also found that the storage of vaccines was not managed appropriately and there were no signed Patient Group Directions (PGDs) and Patient Specific Directions (PSDs) in place for the nurses and health care assistant to administer vitamin injections and vaccinations safely. Prescription pads were not stored safely and there was no system in place to monitor their use. In addition, the premises had not been properly maintained. There was no health and safety monitoring of the premises, electrical equipment had not been PAT tested and the patient toilet had no emergency pull cord.

At this inspection we found some improvements had been made. For example, chaperoning procedures had been reviewed, recruitment checks undertaken and mandatory training carried out for all staff. Staff had been trained to use the Automated External Defibrillator and accessory equipment for the oxygen cylinder had been updated. The practice had disposed of the fridges used to store vaccines and new compliant fridges had been ordered, out of date emergency medicines had been replaced. Procedures for checking vaccine fridge temperatures had been implemented and protocols in place for vaccine management. PGDs were in place for nurses to administer vaccines. Health and safety issues had been addressed including the emergency pull cord in the patient toilet.

However, some concerns remained, we found although the practice had implemented a system to log prescription pads we found 20 blank prescriptions in the doctor's bag which had not been added to the log. We also found signed PSDs were still not in place for the health care assistant to administer vitamin injections safely.

At the inspection on 19 February we found that the system in place for recording, analysing and acting upon significant events was inadequate. Although we were provided with examples of significant events, there was no evidence of sharing information or learning to ensure that appropriate steps were taken to protect patients from the risk of such an event reoccurring. At this inspection we found improvements had been made in that the practice had implemented a system for reporting significant events and there was a meeting template to show they would be discussed at future staff meetings.

However, we were concerned with the providers ability to implement the system. He was not clear on what constituted a significant event and he erroneously stated that a new cancer diagnosis would not be classed as a

Are services safe?

significant event. When questioned the provider did not know what a notifiable safety incident was or how to report these, additionally we found that the provider did not have an understanding of a Duty of Candour until prompted.

Are services effective?

(for example, treatment is effective)

Our findings

At the inspection on 19 February 2016 we found the provider did not keep up to date with current guidelines and when asked for examples of guidelines he was following, he was unable to demonstrate knowledge of any. The provider was also unable to name the correct antibiotics for treatment of chest infections against the current prescribing guidelines.

At this inspection we found the provider had updated their knowledge on the current prescribing guidelines. However, although since the last inspection the provider had a created a folder to file National Institute of Clinical Excellence (NICE) updates, when we asked him to provide us with an example of a recent update he had read, the provider could only give an example which was 10-15 years old.

At the inspection in February 2016 we found that none of the practice staff we spoke to were able to demonstrate knowledge of the Mental Capacity Act. The provider did not make decisions in line with this Act or their Codes of Practice. We found the GPs were sending away teenagers requiring contraception without the presence of an adult instead of applying their knowledge of the Act. Patients were not supported when it came to making decisions in line with the Act and there was no evidence that staff at the practice were undertaking training within this area.

At this inspection we were shown evidence that staff had completed training on the Mental Capacity Act 2005. Staff we spoke with could demonstrate a basic understanding of the Act. However, the provider was unclear on the

principles of the Act. He was not confident to make a best interest decision if a patient lacked capacity. He told us that he had never made a mental capacity assessment. When asked to provide the questions he would use to assess capacity the provider produced a tool for the diagnosis of depression. The provider said he would not assess capacity alone and he would always involve other health care professionals. In addition, the provider was unable to demonstrate an understanding of Gillick competence. When given a scenario in relation to a teenage girl requesting contraception, the GP told us he would seek advice from the family planning clinic. He made no mention of carrying out the Gillick test and involving the parents if the patient did not meet the requirements of the test.

At the inspection in February 2016 we found no evidence of the providers attendance at external meetings and the lead GP declined joint working with health visitors and counsellors. There was no evidence of multidisciplinary team meetings or meetings with professional bodies. For example, the provider told us that he did not refer any patients to the health visitor and that he took on that role himself despite 6% of the practice population being aged between 0 to 4 years, compared to a national average of 5%.

At this inspection the provider provided evidence of his attendance at network meetings and he also assured us that the practice would be carrying out multidisciplinary team meetings on a regular basis moving forward. The provider told us that he had also arranged access to a health visitor through the local CCG.

Are services responsive to people's needs? (for example, to feedback?)

Our findings

At the inspection on 19 February 2016 we found that the practice had failed to offer an interpreting service for patients who had difficulty understanding English. We found these patients were sent away and advised to bring a

friend or relative who could translate for them despite this being a breach of confidentiality. At this inspection we were shown evidence that the practice had now access to translation services through the local clinical commissioning group (CCG).

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

At the inspection on 19 February 2016 we found that the practice was not well-led. It did not have systems and processes such as regular audits to monitor the service provided. We found there were no completed audits including any CCG audits or infection control audits. There were no processes in place to monitor and improve the quality and safety of the service.

At this inspection we found the provider had completed an infection control audit however, there was no completed audits that showed improved clinical outcomes for patients. When we asked the lead GP for what a two cycle audit was, he did not understand the term.

At the inspection in February 2016 data from the GP national patient survey showed that the practice had extremely low patient satisfaction scores. The practice did not demonstrate that they analysed and responded to information gathered from patients, including taking action to address issues where they are raised. The practice manager was not aware of this survey therefore unable to take action to address the issues identified. At this inspection we found the practice had not taken action to address the issues identified in the GP national patient survey as they were still not familiar with this survey.

At the inspection in February 2016 we found health and safety policies were incomplete and had inadequate information such as review dates and contact numbers. At this inspection we found that policies had been updated.