

Park Lodge Medical Centre

Inspection report

808 Green Lanes
London
N21 2SA
Tel:

Date of inspection visit: 18 May 2021
Date of publication: 26/07/2021

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?

Requires Improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced comprehensive inspection at Park Lodge Medical Centre on 18 May 2021 and a remote clinical review on 12 May 2021 to follow up on breaches of regulations. Overall the practice is rated Requires Improvement, with the following ratings for each key question:

Safe - Requires Improvement

Effective - Good

Caring - Good

Responsive - Good

Well-led - Requires Improvement

Why we carried out this inspection

This inspection was a comprehensive follow-up inspection to follow up on:

- Breaches of regulation found at our last inspection; and,
- Action the practice had taken in regard to areas where it should make improvements.

The practice was previously inspected on 28 November 2019. Following that inspection, the practice was rated Requires Improvement overall (and for the key questions including: Safe, Effective, Responsive and Well-led, it was rated Good for providing a Caring service) for issues relating to medicines management, Safety alerts, Fire drills, patient follow-up, prescription management, staff training, maintaining staff records, safe premises, Medication reviews, quality outcomes for childhood immunisations, patients with diabetes and hypertension, booking appointments and telephone access. It was also rated as requires improvement for all population groups.

The full reports for previous inspections can be found by selecting the 'all reports' link for Park Lodge Medical Centre on our website at www.cqc.org.uk

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A short site visit

Overall summary

Our Findings

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 safe services because:

- The practice was not recording evidence on patients records of regular blood test monitoring for all patients being prescribed high-risk medicines.
- When issuing prescriptions for one high risk medicine the practice did not indicate the day of the week patients should take the medicine, contrary to a medicine's safety alert issued in September 2020.
- Medical alerts and minutes of meetings were distributed to all relevant staff, and copies of alerts were added to the shared computer files so all were able to access them. However, there was no requirement for staff to confirm they had received and read medical alerts or meeting minutes.

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

- The practice had implemented an effective system to ensure regular medicines and health reviews were undertaken for elderly patients and patients with gestational diabetes.
- Child immunisation uptake rates remained below the World Health Organisation (WHO) targets; however, the practice had significantly improved its performance.

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

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice carried out its own patient surveys to gain patient feedback.
- During the Covid-19 Pandemic:
 - the practice was a vaccination's hub for its own and other local practices' patients. It had conducted a survey of patient's experiences of attending the practice and found: 100% (165 out of 165 patients) responded positively about their overall experience of attending the practice.
 - it had delivered in excess of 35,000 vaccinations to patients. It had achieved a 0% wastage, with every vaccine dose it received being used in the vaccination of a person attending for vaccination.
- During the 2020-2021 flu season the practice administered vaccinations to its patients. It had also conducted a survey and found: 97% (63 out of 65 patients) responded positively about their overall experience of attending the practice.

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

- The practices' own survey and the 2021 GP Patient Survey found significantly higher levels of patient satisfaction than at the time of our previous inspection.

We rated the practice as **Requires Improvement** for being well-led because:

Overall summary

- The practice had revised its policies and procedures. However, it did not always have clear and effective processes for ensuring safe care and treatment and managing risks, issues and performance. In particular, the practice procedures for distribution of medical alerts and minutes of meetings did not ensure all clinicians were made aware of these.
- Patient notes did not record up to date blood test monitoring for all patients being prescribed high-risk medicines.

We have rated this practice as Requires Improvement overall and Good for all population groups except for People with long-term conditions which we have rated as Requires Improvement.

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

- Ensure care and treatment is provided in a safe way to patients.
- Continue to work to improve uptake by eligible patients of childhood immunisations and cervical screening.

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

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

- Consider recording whether do not attempt cardiopulmonary resuscitation (DNACPR) records are either subject to a review date, or state that the decision was indefinite.

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

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location. A second CQC inspector undertook a site visit.

Background to Park Lodge Medical Centre

Park Lodge Medical Centre is co-located with Winchmore Surgery and shares all staff and resources and as a combined entity, the two practices are a training practice that trains GP trainees, foundations doctors and nurses. It is located within a modern and purpose-built medical centre within the Winchmore Hill area of north London. It is one of the 50 practices serving the NHS within the North Central London Clinical Commissioning Group. It's address is:

808 Green Lanes

London

N21 2SA

The practice holds a GMS (General Medical Services) contract with NHS England. This is a contract between NHS England and general practices for delivering general medical services. It is registered with CQC to deliver the Regulated Activities: Diagnostic and screening procedures; Family planning; Maternity and midwifery services; Surgical procedures; and Treatment of disease, disorder or injury.

The practice has a list size of approximately 5,600 patients registered. Information published by Public Health England report deprivation within the practice population group as eight on a scale of 1 to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

The practice serves a predominantly younger population and has a higher than average number of patients who are of working age. The practice cares for a diverse population with approximately 30% of its patients being from black and ethnic minority backgrounds.

The clinical team consists of four GP partners (three female and one male), seven female salaried GP, a full-time nurse practitioner, a part-time practice nurse, a healthcare assistant, two paramedics, two clinical pharmacists and a physicians associate. At the time of our inspection there were three trainee GPs working at the practice.

The non-clinical team consists of a practice manager, a care co-ordinator, operations manager, reception manager, two team leaders, a medical secretary and 16 receptionists working a combination of full-time and part-time hours.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations. If the GP needs to see a patient face-to-face then the patient is offered a face to face appointment.

Extended access is provided locally by three GP and nurse led hubs. , where late evening (6.30pm – 8.00pm) and weekend and bank holiday appointments are available (8.00am – 8.00pm) . When the practice is closed, patients are redirected to a contracted out-of-hours service. The practice is one of the host locations for the HUB services. Patients can book appointments with the local hubs by contacting the practice.

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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• We were not assured the practice was always recording up to date blood test results, prior to initiation and throughout the prescribing period, for all patients being prescribed high-risk medicines which required regular monitoring.• Prescriptions issued for the high-risk medicine methotrexate did not record the day of the week the medicine was to be taken.• There were ineffective arrangements for sharing of information including: ensuring all relevant staff were aware of clinical alerts, clinical learning and minutes of meetings. <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>