

Dr Geraldine Golden & Dr Michael Abu (Kenton Bridge Medical Centre)

Inspection report

The Kenton Bridge Medical Centre
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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

Good 

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

Overall summary

We carried out an announced comprehensive inspection at Dr Geraldine Golden & Dr Michael Abu (locally known as Kenton Bridge Medical Centre) on 2 May 2019 as part of our inspection programme.

At the last inspection in April 2018, we rated the practice as requires improvement overall and specifically requires improvement for providing safe and effective services because:

- There were inconsistent arrangements in how risks were assessed and managed. For example, during the inspection, we found risks relating to fire safety arrangements, recruitment checks and management of blank prescription forms.
- The practice was unable to provide documentary evidence to demonstrate that all staff had received training relevant to their role.
- There was some evidence of quality improvement activity including the clinical audit.

Previous reports on this practice can be found on our website at: www.cqc.org.uk/location/1-543946347.

At this inspection, we found that the provider had demonstrated improvements in most areas, however, they were required to make further improvements in some areas and are rated as requires improvement for providing effective services.

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 good overall and good for population groups: older people; people whose circumstances make them vulnerable and people experiencing poor mental health and requires improvement for People with long-term conditions, families, children and young people and working age people (including those recently retired and students) for providing effective services, because of high exception reporting, low uptake of childhood immunisations and low cervical screening rates.

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

- The practice's uptake of the childhood immunisations rates was significantly below the national averages.
- The practice's uptake of the national screening programme for cervical cancer was below the local and the national averages.
- The level of exception reporting was above the clinical commissioning group (CCG) average and the national average for a number of Quality Outcome Framework (QOF) indicators.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

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

- Risks to patients were assessed and well managed in most areas, with the exception of those relating to the management of uncollected prescriptions, which were not monitored appropriately.
- Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses. When incidents did happen, the practice learned from them and improved their processes.
- 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 mostly in a timely way, although the next available appointment with the practice nurse was three weeks away.
- Information about services and how to complain were available and easy to understand.
- The practice was aware of and complied with the requirements of the Duty of Candour.
- There was a clear leadership structure and staff felt supported by the management.

The areas where the provider **must** make improvements as they are in breach of regulations 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:

Overall summary

- Review and improve the current arrangements regarding uncollected prescriptions so vulnerable patients needs are fully considered.

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 | Requires improvement  |
| Working age people (including those recently retired and students) | Requires improvement  |
| 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. The team included a GP specialist advisor and a practice nurse specialist advisor.

Background to Dr Geraldine Golden & Dr Michael Abu

Dr Geraldine Golden & Dr Michael Abu (locally known as Kenton Bridge Medical Centre) is a GP practice located in Harrow in North West London. The practice is located in purpose-built premises. The location is shared with another GP practice.

Services are provided from: The Kenton Bridge Medical Centre, 155-175 Kenton Road, Harrow, HA3 0YX.

Online services can be accessed from the practice website: www.kentonbridgemedicalcentre.org.uk.

The service is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder and injury, surgical procedures, family planning and maternity and midwifery services.

Dr Geraldine Golden & Dr Michael Abu is situated within the Harrow City Clinical Commissioning Group (CCG) and provides services to 7,860 patients under the terms of a General Medical Services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

There are two GP partners and four locum GPs. Three GPs are male and three female, who work a total of 28 to 30 sessions per week. The practice employs an enhanced practice nurse (EPN), a practice nurse and a trainee health care assistant. The practice manager is supported by an assistant practice manager, a team of administrative and reception staff. A data analyst is contracted out by the CCG and working for the practice.

The practice population of patients aged between 5 to 18 years old and patients aged above 65 years old are lower than the national average.

Ethnicity based on demographics collected in the 2011 census shows the patient population is ethnically diverse and 67% of the population is composed of patients from an Asian, Black, mixed or other non-white backgrounds.

Information published by Public Health England, rates the level of deprivation within the practice population group as eight, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 82 years compared to the national average of 79 years. Female life expectancy is 86 years compared to the national average of 83 years.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider had not done all that was reasonably practicable to assure systems and processes were established and operated effectively to ensure compliance with requirements to demonstrate good governance.</p> <p>In particular, we found:</p> <ul style="list-style-type: none">• The practice's uptake of the childhood immunisations rates was significantly below the national averages.• The practice's uptake of the national screening programme for cervical cancer was below the local and the national averages.• The level of exception reporting was above the clinical commissioning group (CCG) average and the national average for a number of Quality Outcome Framework (QOF) indicators.• We noted that the next available appointment with the practice nurse was three weeks away meaning patients were not always able to access care and treatment in a timely way. <p>This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |