

Trinity Medical Centre

Inspection report

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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 summary

CQC carried out an announced comprehensive inspection of Trinity Medical Centre on 4 and 10 October 2018 to follow up on breaches of regulation identified in August 2017. The practice was rated as requires improvement overall with ratings of inadequate for providing safe services, requires improvement for effective and for well led services and good for providing caring and responsive services. As a result of the findings on the day of the inspection the practice was issued with a warning notice for breach of Regulation 12 (Safe care and treatment) and a requirement notice for Regulation 17 (Good governance). You can read our findings from our last inspections by selecting the 'all reports' link for Trinity Medical Centre on our website at <https://www.cqc.org.uk/location/1-4275983140>.

This was an announced focused inspection on 9 January 2019. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements as detailed in the warning notices issued on 16 October 2018.

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.

This inspection was an unrated inspection to follow up on warning notices and the rating remains unchanged.

At this inspection we found:

- The system in place in relation to high risk medicines had been improved. We reviewed records of patients taking high risk medicines and found they had all been monitored appropriately.
- The practice had started to implement a new process for monitoring and tracking blood test requests and checking patients had attended for their test.
- The practice had started to implement a new process for managing changes to prescribing.
- Staff told us the security risk assessment had been carried out on 1 August 2018. However, there was no record of a premises security risk assessment. The building is managed by a private management company

who employ a caretaker to secure the building every evening. There was no record that the practice had been made aware of any actions required from the risk assessments. The practice was not able to give us a copy of the security risk assessment at our previous inspection in October 2018.

- There was a system for flagging children at risk. We saw appropriate coding in patient records.
- There was no medicines management policy in place or practice protocol for prescribing high risk medicines, which reflected national guidance. There was no safety netting policy or pathology protocol to support staff to manage test results effectively. There was no medicines management policy in place. We saw a repeat prescribing policy.
- We found the practice had implemented monthly clinical and non-clinical meetings, which were minuted and distributed amongst all staff. The meetings allowed the discussion and review of patients on high risk drugs, prescribing, the risk register and to allow staff to provide feedback.
- The practice had obtained two paediatric pulse oximeters.
- There was evidence that support for carers had improved slightly. The practice had identified 37 patients as carers, 1% of the practice list.

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.

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

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

- Continue to improve identification of carers so that they can be offered appropriate support.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

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

Population group ratings

Our inspection team

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

Background to Trinity Medical Centre

Trinity Medical Centre is based in the London Borough of Greenwich and is run by one GP (female), who works full time at the practice. The practice is situated in a purpose-built building, and shares its premises with another GP surgery, as well as other health amenities such as a dentist and podiatry. The practice has been operating here since March 2017.

The practice has a list size of 3,700. In addition to the GP who runs the practice, there are two GPs, one salaried, one long term locum (one female and one male). In total 13 GP sessions are offered per week. There is one practice nurse, a practice manager and five other administrative and reception staff.

The practice is open between 8am and 6:30pm Monday to Friday, except Monday when the practice is open until 8pm. The practice is closed at weekends and bank holidays. Appointments with the GPs are available from 8.30am to 12pm and from 3.30pm to 5.30pm Monday to Friday. Appointments with the nurse are available from 9am to 12.30pm and from 2pm-5.30pm Monday to

Thursday. The practice has extended hours on Monday from 6:30pm until 7:30pm. The practice has opted out of providing out-of-hours (OOH) services. Patients needing urgent care out of normal hours are advised to contact the OOH number 111 which directs patients to a local contracted OOH service or Accident and Emergency, depending on patients' medical urgency.

The practice is contracted to provide Personal Medical Services (PMS) and is registered with the CQC for the following regulated activities: diagnostic and screening procedures, maternity and midwifery services, family planning, and treatment of disease, disorder or injury. The practice is in an area with a mixed demographic, including areas of both relatively high and relatively low deprivation. Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

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 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>There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance. In particular, we found:</p> <ul style="list-style-type: none">• The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively, in relation to the management of the premises and security. There was no record that the practice had been made aware of any actions required from the risk assessment carried out by the building managers. The practice was not able to give us a copy at our previous inspection in October 2018.• There was no medicines management policy in place or practice protocol for prescribing high risk medicines, which reflects national guidance.• The provider did not have an up to date policy or pathology protocol to enable staff to manage test results effectively. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>