

Charlton House Medical Centre

Quality Report

581 High Road,
Tottenham,
London,
N17 6SB

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Website: www.charltonhousemedicalcentre.co.uk

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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 service

Good 

Are services safe?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

Overall summary

Page

2

Detailed findings from this inspection

Our inspection team

3

Background to Charlton House Medical Centre

3

Detailed findings

5

Overall summary

Letter from the Chief Inspector of General Practice

At the previous inspection on 20 July 2017, the practice had been rated as requires improvement for being Safe and Well-led. We identified breaches of regulations and served requirement notices under regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We carried out an announced focused inspection at Charlton House Medical Centre on 9 January 2018. The purpose of this inspection was to follow up on breaches of regulations identified at our previous inspection, and to review the actions taken by the practice. We saw that appropriate and sufficient action had been taken to comply with the requirements of the regulations.

The practice is now rated as Good overall.

The key questions are rated as:

Are services safe? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. As we have now rated the practice as good for providing safe and well-led services, this has revised the rating for the six population groups, as follows:

Older People – Good

People with long-term conditions – Good

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

At this inspection we found:

- The practice had carried out: a fire risk assessment; infection prevention and control audit; and legionella risk assessment, and acted upon any recommendations.
- It had re-stocked its emergency-use medicines cabinet, and instituted regular checking to ensure that all emergency medicines remained in stock and in date.
- Staff treated patients with compassion, kindness, dignity and respect and involved them in decisions regarding their care and treatment.
- The practice had ensured that all staff had completed all necessary training.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Charlton House Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was carried out by a CQC lead inspector

Background to Charlton House Medical Centre

Charlton House Medical Centre operates from 581 High Street, Tottenham, London, N17 6SB. The practice is situated in its own premises occupying two floors. Consulting rooms are accessible on the ground floor for those with a physical disability. Access for those who use a wheelchair is at the rear of the premises.

The practice provides NHS services through a General Medical Services (GMS) contract to approximately 7250 patients. It is part of the NHS Haringey Clinical Commissioning Group (CCG) which is made up of 39 general practices. The practice is registered with the CQC to carry out the following regulated activities - diagnostic and screening procedures, family planning, maternity and midwifery services and the treatment of disease, disorder or injury.

The practice serves a diverse population with many patients for whom English is not their first language. The largest ethnic groups identified as other White 19%, African 18%, Caribbean 12%, British or mixed British 7%, other Asian 2% and White British 2%. The remaining 40% of patients are made up of approximately 29 ethnic groups and mixed backgrounds. The practice has a small

population of older patients with 10% (national average 17%) of patients aged 65 years or older and only 4% (national average 8%) of patients aged 75 years or older. The number of patients aged 18 years or younger is 22% compared to the national average of 20%.

The clinical team at the practice is made up of two GP partners (one male and one female), two locum GPs (one male and one female), one female practice nurse, one female locum nurse and one female healthcare assistant. The non-clinical team at the practice is made up of eight administrative roles, one Operations Manager and one Practice Manager.

The practice is open between 8.30am to 6.30pm Monday to Friday. Telephone access to the practice is available between 9.00am to 6.30pm Monday to Friday. Appointments are from 8:30am and 6:30pm Monday to Friday. The practice provides extended hours appointments Tuesday, Wednesday and Friday from 7.30am to 8.00am and Tuesday evening between 6.30pm to 8.00pm. Outside of these hours the practice has opted out of providing an out-of-hours service. Patients calling the practice when it is closed are connected with the local out-of-hours service provider.

The practice provides longer appointments for patients with learning disabilities and patients with long-term conditions. It offers telephone consultations for older patients and where clinical needs resulted in difficulty attending the practice, and text reminders of appointments.

There is information given about the out-of-hours provider and the NHS 111 advice service on the practice website - <http://www.charltonhousemedicalcentre.co.uk/>.

Detailed findings

We undertook a comprehensive inspection of Charlton House Medical Centre on 20 July 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement in respect of the key questions of safe and

well-led and overall. The full comprehensive report following the inspection on 20 July 2017 can be found by selecting the 'all reports' link for Charlton House Medical Centre on our website at <http://www.cqc.org.uk/location/1-544583326>.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

At our previous inspection on 20 July 2017, we rated the practice as requires improvement for providing safe services as its arrangements were not adequate in respect of:

- It had not undertaken an infection prevention and control audit, a fire risk assessment or a legionella risk assessment;
- Not all staff had received all mandatory training, including: fire safety, and infection prevention and control training;
- The practice did not maintain supplies of all of the emergency-use medicines in accordance with good practice guidelines; and
- There was no defibrillator on-site. A defibrillator is a device that gives a high energy electric shock to the heart through the chest wall to someone who is in cardiac arrest.

At our inspection on 9 January 2018, we found:

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse. Since our last inspection the practice had:

- undertaken an infection prevention and control audit, and ensured that all staff were up to date with infection prevention and control training;
- reviewed its emergency-use medicines and obtained additional medicines to treat severe allergic reaction and provide pain relief.

We noted that the emergency medicines cabinet had been re-located to a clinical room since our last inspection. The

practice accepted that this may delay access to medicines needed in an emergency and staff agreed to move the cabinet to a more suitable location. It subsequently provided us with evidence that the cabinet had been moved to a location where it was accessible without delay in the event of an emergency.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety. Since our last inspection the practice had:

- Undertaken a Legionella risk assessment, and established a schedule for completion of any remedial action identified. After the inspection we were told the practice had carried out additional legionella tests and that two members of staff had been identified to receive specific training around carrying out regular tests for legionella.
- Carried out a fire risk assessment and provided fire safety training for staff members. A new member of staff had agreed to become a fire marshal and we were provided with evidence that fire marshal training had been arranged for later in January 2018. Following the inspection, we were provided with evidence to demonstrate this training had taken place.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines. Since our last inspection the practice had:

- Purchased its own defibrillator and provided all staff with training in its use. It had also introduced a system of regular checks to ensure that the defibrillator was always ready for use should it be needed.

We found that the action taken by the practice was appropriate and sufficient to comply with the requirements of the regulations. The practice is now rated as good for providing safe services.

Are services well-led?

Good 

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

Our findings

We rated the practice as good for providing a well-led service.

At our previous inspection on 20 July 2017, we rated the practice as requires improvement for providing well-led services as there were areas of governance that could be improved.

We found that the arrangements for governance and performance management did not always operate effectively. There were gaps in:

- staff mandatory training, including: information governance; fire safety training; basic life support; infection prevention and control; and
- not all members of staff had received appraisals within the preceding 12 months;
- the practice had not carried out an infection prevention and control audit, fire risk assessment or conducted legionella testing.

At our inspection on 9 January 2018, we found:

Governance arrangements

New procedures had been put in place to ensure that:

- There were annual infection prevention and control audits and legionella testing.

- Staff received all mandatory training, including: fire safety; basic life support; information governance; and infection prevention and control.
- All staff that required one had received an appraisal with the preceding 12 months.
- The practice had undertaken an Infection prevention and control audit, fire risk assessment and conducted legionella testing.
- After the inspection, we were shown evidence that the practice had made arrangements to ensure that all new members of staff had access to suitable on-line training resources.

The practice was due to relocate to a new, purpose built premises within a year and had reviewed the recommended action points included in the infection prevention and control audit undertaken in July 2017 to identify those that were feasible to undertake in the remaining time that the practice was located in the current premises. The practice had taken the required action where it was practical to do so, for instance by sign posting baby changing facilities and hand basins. Where structural changes were recommended, the practice had taken action to mitigate against the risk of infection for the remaining period of occupation.

We found that the action taken by the practice was appropriate and sufficient to comply with the requirements of the regulations. The practice is now rated as good for providing well-led services.