

# Bulbanks 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

<b>Overall rating for this location</b>	<b>Requires improvement</b>	
Are services safe?	<b>Requires improvement</b>	
Are services effective?	<b>Requires improvement</b>	
Are services caring?	<b>Good</b>	
Are services responsive?	<b>Good</b>	
Are services well-led?	<b>Inadequate</b>	

# Overall summary

We carried out an announced comprehensive inspection at Bulbanks Medical Centre on 17 September 2019. The lead GP was absent on that day, so we returned on 30 September 2019.

The practice was previously inspected on 12 August 2015, where they were rated as good for providing Safe, Effective, Caring and Responsive services and good overall. However, the practice was rated as requires improvement for providing Well Led services. The full comprehensive report of the 12 August 2015 inspection can be found by selecting the 'all reports' link for Bulbanks Medical Centre on our website.

This inspection was an announced comprehensive inspection as part of our inspection programme. This report includes our findings in relation to the actions we told the practice they should take to improve, at our last inspection.

At this inspection we inspected all six population groups and rated all population groups as requires improvement.

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 **inadequate** for providing well-led services because:

- The overall governance arrangements were ineffective. The provider did not have oversight of staff training and could not easily evidence the training undertaken by staff. There was no system to identify when training was overdue. However, one member of reception staff who had been in post for three months, did not have access to the online training account so they could complete their essential training.
- Leaders had not ensured they had oversight of systems and processes so that risks were managed effectively in the practice.

- The policy framework of the practice was not effective because there was no oversight of safety alerts to ensure there was a record of alerts received which had been acted on.
- The provider had not ensured that processes were happening in line with policy and/or legal requirements. For example, there were no procedures to monitor Legionella.
- The practice did not always act on appropriate and accurate information.
- At this inspection, staff files we reviewed showed not all staff had received an appraisal or had an appraisal date scheduled. The practice manager told us they had received an appraisal last year but when we asked to look at the record they were not able to find it. The practice explained that the Practice Manager was new to their role and had been in post since April 2019 and was still sorting through the previous Practice Manager's files. The previous Practice Manager had no system of staff appraisals to hand over. The practice manager told us they had started a new system of staff appraisals.
- There was no active patient participation group. The Practice Manager was new to their role and had been in post since April 2019. Staff told us the PPG had not engaged well with the practice under the previous Practice Manager. The new Practice manager had been working with the CCG to start a virtual PPG, pending the merge with another surgery.
- There was evidence the practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients. The practice pays monthly for Iplato text messaging friends and family and there was a friends and family box with feedback cards for patients to complete, in reception. Staff encouraged patients to email the surgery or speak to reception with feedback.

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

- The practice explained that the Practice Manager was new to their role and had been in post since April 2019 and was still sorting through the previous Practice Manager's files. The practice manager told us they had started to review and update all practice policies in April when they took over the role. The practice had started using a practice management resource tool to update the practice's policies and procedures.

# Overall summary

- There was no programme of Health and Safety risk assessments carried out at the practice.
- The practice did not have appropriate systems in place for the safe management of emergency medicines.
- There was insufficient information in care plans.
- The practice was unable to show that staff had the skills, knowledge and training to carry out their roles. The practice was unable to show that it always obtained consent to care and treatment.
- Systems for monitoring patients prescribed high risk medicines were safe.

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

- Some performance data was below local and national averages.
- The practice did not have effective systems in place to ensure that all patients with mental health conditions had appropriate reviews and clear notes on their records to ensure that they remained safe.
- There was no record or minutes of peer review meetings for the nurse prescriber and no audits of their decisions making.
- The practice was unable to show that staff had the skills, knowledge and training to carry out their roles. For example, schedules were not reviewed to indicate when essential training was required for staff to perform their role.
- Staff files we reviewed showed not all staff had received an appraisal or had an appraisal date scheduled.

These concerns affected all population groups so we rated all population groups as **requires improvement** in Effective.

We rated the practice as **good** for providing caring and responsive services because:

- 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 in a timely way.

- We received 39 patient comment cards all were wholly positive about the practice. Patients consistently described the staff as kind and helpful

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

- Ensure that care and treatment is provided in a safe way.
- 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 implement a programme to improve uptake of childhood immunisations.
- Encourage uptake of national cancer screening programmes.
- Ensure care plans notes are recorded in sufficient detail.
- Implement a forum for patient involvement and feedback, such as a Patient Participation Group.

Where a service is rated as inadequate for one of the five key questions or one of the six population groups, it will be re-inspected no longer than six months after the report is published. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group or overall, we will place the service into special measures. Being placed into special measures represents a decision by CQC that a service has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

**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

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

## Our inspection team

Our inspection team was led by a CQC lead inspector.  
The team included a GP specialist adviser.

## Background to Bulbanks Medical Centre

Bulbanks Medical Centre is in Erith in the London Borough of Bexley. The practice has one principle GP, Dr Kanwalpal Singh Nandra. The practice is part of the North Bexley Primary Care Network and is planning to merge with a local GP practice next year.

The practice is registered with the CQC to carry out the following regulated activities - diagnostic and screening procedures, treatment of disease, disorder or injury, surgical procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury.

The practice provides NHS services through Primary Medical Services (PMS) contract to 4,000 patients. The practice is part of the Bexley Clinical Commissioning Group (CCG) which is made up of 23 general practices.

The practice's clinical team is led by the provider (principal GP). The practice's clinical team is led by the provider (principal GP). The practice has a long term female locum GP and an arrangement with a male GP who provides continuity when the provider is absent. The practice also employs a practice nurse, a practice

manager, a health care assistant and business manager. There is an administrator and six part time receptionists. A female specialist nurse prescriber works at the practice full time.

The practice is open from 8:00am until 7:30pm on Mondays, and from 8:00am until 6:30pm on Tuesdays, Wednesdays, Thursdays and Fridays.. Patients who have previously registered to do so may book appointments online. The provider can carry out home visits for patients whose health condition prevents them attending the surgery.

The practice has opted out of providing an out-of-hours service. However, Bexley Care Trust provides patients with medical cover outside normal surgery hours. Patients calling the practice when it is closed are directed to the local out-of-hours service provider via NHS 111.

The patient profile for the practice has an above-average working age population, between the ages of 20 and 49 years and fewer than average children, teenagers and older patients, aged over-50. The locality has a higher than average deprivation level. Over a third of the practice area population is of black and minority ethnic background.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p><b>Care and treatment must be provided in a safe way for service users</b></p> <p>The provider had failed to ensure that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way:</p> <ul style="list-style-type: none"><li>The provider had not completed documented health and safety premises and security risk assessments. The practice could not assure themselves that all fire safety hazards had been identified and actioned. This concern was identified at our previous inspection.</li></ul> <p>The provider had failed to ensure the proper and safe management of medicines;</p> <ul style="list-style-type: none"><li>The provider did not have an effective system in place for the monitoring and recording of the availability of emergency medicines.</li></ul> <p>The provider had failed to ensure that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely:</p> <ul style="list-style-type: none"><li>The provider could not demonstrate non-clinical staff had completed the appropriate level of safeguarding adults and children training for their roles.</li></ul> <p>The provider had failed to ensure that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way:</p> <ul style="list-style-type: none"><li>The provider had not completed a documented health and safety/premises and security risk assessments.</li></ul> <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

## Enforcement actions

### 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. We took enforcement action because the quality of healthcare required significant improvement.

#### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

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#### **How the regulation was not being met:**

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:

The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively, in particular in relation to;

- Fire safety
- Medicines management
- Legionella control

Fire safety was a concern identified at our last inspection.

The provider had not ensured that processes were happening in line with policy or legal requirements.

- The policy framework of the practice was not effective because there was no oversight of safety alerts to ensure these had been acted on and there were no procedures in place to monitor legionella. This was a concern identified at our last inspection.
- Schedules were not reviewed to indicate when essential training was required for staff to perform their role.

This section is primarily information for the provider

## Enforcement actions

The provider had not maintained an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.

- The practice did not have effective systems in place to ensure that all patients with mental health conditions had appropriate reviews.

The provider did not have effective systems to maintain securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities.

- Staff files we reviewed showed not all staff had received an appraisal or had an appraisal date scheduled

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.