

# Chelsea Medical Services

## Inspection report

45 Rosary Gardens  
London  
SW7 4NQ  
Tel: 02074608573  
www.chelseamedicalservices.com

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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

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Inadequate 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Inadequate 

# Overall summary

We carried out an announced comprehensive inspection of Chelsea Medical Services on 11 November 2019 as part of our inspection programme.

We inspected this practice on one previous occasion, on 18 August 2015, and the practice was rated as good overall. We rated all domains and all patient population groups as good.

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 **inadequate** overall, including all population groups, overall.

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

- The practice did not have clear systems and processes to keep patients safe.
- The practice did not have reliable systems and processes to keep patients safeguarded from abuse.
- The practice did not have reliable infection prevention and control practices in place.
- The practice did not maintain adequate records to monitor and manage the cold chain effectively.
- The practice did not have complete fire safety systems in place.
- The practice did not have reliable systems in place to manage the practice premises safely.
- The practice did not have appropriate systems in place for the safe management of medicines.

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

- There was limited monitoring of the outcomes of care and treatment.
- The provider could not demonstrate they undertook any quality improvement activity.

- The practice was unable to show that staff had the skills, knowledge and experience to carry out their roles.
- Some performance data was significantly below local and national averages.

This area affected all population groups; so, we rated all population groups in the effective domain as **inadequate**.

We rated the practice as **inadequate** for providing well-led services because:

- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care.
- The practice did not have safe systems regarding the management of patients on high-risk medicines.
- The practice did not have a fail-safe system to manage patient safety alerts.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice did not have an appropriate fail-safe system in place for the safe management of patients who had been referred via the two-week wait urgent referral system.
- The practice did not have an appropriate fail-safe system in place to monitor and manage cervical screening for female patients.
- The provider did not have a safe or effective recruitment system in place.
- While the practice had a clear vision, that vision was not supported by a credible strategy.
- The practice culture did not effectively support high quality sustainable care.
- The overall governance arrangements were ineffective.
- The practice did not always act on appropriate and accurate information.

• We saw limited evidence of systems and processes for learning, continuous improvement and innovation.

These areas affected all population groups so we rated all population groups as **inadequate**.

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

- Patients could access appointments in a timely way.

# Overall summary

- All patients had a named GP who supported them in whatever setting they lived, and conducted home visits when required.

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.
- Patients made positive comments about the care and treatment they received.

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.

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

- Ensure there is a comprehensive complaints system in place.
- Develop a strategy to address low childhood immunisations achievement rates.
- Develop a strategy to address low cervical smear achievement rates.
- Develop a strategy to improve national cancer screening programme achievement rates.

- Review the availability of practice information in easy read format.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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

## Our inspection team

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

## Background to Chelsea Medical Services

Chelsea Medical Services is located at 45 Rosary Gardens, Kensington, London, SW7 4NQ. The provider leases the premises from an offshore company. There are good transport links with tube stations and buses and there is a pharmacy nearby.

The practice provides NHS services through a Primary Medical Services (PMS) contract to 3100 patients. The practice is part of the West London Clinical Commissioning Group (CCG) and is part of the Kensington and Chelsea South Primary Care Network and Kensington and Chelsea GP Federation.

The previous provider of this service was registered as Dr Anil Joshi. The full comprehensive report of this previous inspection can be found by selecting the 'all reports' link for Dr Anil Joshi on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We inspected this practice on one previous occasion, on 18 August 2015 as Dr Anil Joshi, and the practice was rated as good overall. We rated all domains and all patient population groups as good.

There are two GP partners in place who run the service at the practice. The practice employs a clinical team which includes a locum GP, a clinical pharmacist and a

healthcare assistant who work a combination of full and part time hours. The administration team is led by a practice manager and includes two receptionists/administrators.

The practice was registered with the CQC in March 2019 to carry out the following regulated activities - diagnostic and screening procedures, treatment of disease, disorder or injury and maternity and midwifery services.

The practice population is in the seventh most deprived decile in England. Public Health England rates the level of deprivation within the practice population group as three, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

There is a higher than the national average number of patients between 15 and 44 years of age. The practice reception is open on Monday between 8.00am-8.00pm, and Tuesday-Friday between: 8.00am-6.30pm.

Patients may book appointments by telephone, online or in person. When the practice is closed, patients are directed to contact the local out of hours service via NHS 111. This information can be accessed on the practice website.

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  
Maternity and midwifery services  
Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

#### Warning Notice

**Care and treatment must be provided in a safe way for service users.**

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

- The provider had failed to ensure the proper and safe management of medicines.
- The provider could not demonstrate they had a safe system of storing medical records.
- The provider could not demonstrate that all staff had completed safeguarding training at the appropriate level for their position in line with national guidelines.
- The provider did not operate safe practices regarding emergency medicines and equipment.
- The practice did not have complete fire safety systems in place.
- The provider could not demonstrate staff had undertaken sepsis/red flag signs training.
- The practice did not have reliable systems in place to manage the practice premises safely.
- The provider could not demonstrate they have an effective system in place to safely manage infection prevention and control (IPC) practices.
- The provider could not demonstrate they operated cold chain practices in accordance with national guidance.
- The provider could not demonstrate they had undertaken portable appliance testing.
- The provider could not demonstrate they operated safe recruitment systems within the practice.
- The provider did not employ a practice nurse and this had resulted in a direct impact on childhood immunisations and cervical screening achievement rates.

This section is primarily information for the provider

## Enforcement actions

**This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

### Regulated activity

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

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### Warning Notice

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 provider could not demonstrate they have an effective system in place for the safe management of patients who had been prescribed high-risk medicines.
- The provider could not demonstrate they have an effective system in place to safely manage patients who had been referred via the urgent two week-wait system.
- The provider could not demonstrate they have an effective system in place to safely manage patient safety alerts.
- The provider could not demonstrate they have a fail-safe system in place to safely manage and monitor cervical smear screening.
- The provider could not demonstrate they undertook any quality improvement activity.
- The provider could not demonstrate that all staff had the skills, knowledge and experience to carry out their roles safely and effectively.
- The provider could not demonstrate that all staff had formal appraisals undertaken on a regular basis.
- The provider could not demonstrate they undertook clinical meetings.
- The provider could not demonstrate they had a fail-safe process in place regarding significant events.

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