

Sudbury and Alperton Medical Centre

Inspection report

267 Ealing Road
Wembley
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Date of inspection visit: 23 September 2021
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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?

Requires Improvement



Are services caring?

Requires Improvement



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Inadequate



Overall summary

We carried out an announced inspection at Sudbury and Alperton Medical Centre on 23 September 2021. Overall, the practice is rated as inadequate.

Safe - Inadequate

Effective - Requires improvement

Caring - Requires improvement

Responsive - Requires improvement

Well-led - Inadequate

Following our previous inspection on 25 February 2020, the practice was rated requires improvement overall and for the key questions safe, effective, responsive and well-led but Good for providing caring services.

The full reports for previous inspections can be found by selecting the 'all reports' link for Sudbury and Alperton Medical Centre on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was a comprehensive inspection to follow up on breaches of regulation and areas of concern identified at our previous inspection. We looked at all five key questions.

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A short site visit

Our findings

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected

Overall summary

- 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 and for the safe and well-led key questions and the People experiencing poor mental health population group. We have rated the practice as requires improvement for the effective, caring and responsive key questions and the remaining five population groups (Older people; People with long-term conditions; Families, children and young people; Working age people and People whose circumstances may make them vulnerable).

We found that:

- The practice did not provide care in a way that kept patients safe and protected them from avoidable harm as the practice did not have systems for the appropriate and safe use of medicines.
- People with long-term conditions and people experiencing poor mental health did not receive effective care and treatment that met their needs.
- Feedback from patients was mixed about the way staff treated people.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic.
- Although the practice had reviewed patient feedback and made efforts to improve areas of dissatisfaction, feedback from patients reflected dissatisfaction with telephone access and access to appointments.
- The overall governance arrangements were ineffective and had further deteriorated since our last inspection as we identified new concerns which did not promote the delivery of high-quality, person-centred care.

We found two breaches of regulations. The provider **must**:

- 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).

In addition to the above, the provider **should**:

- Continue to monitor and address outstanding actions from the fire risk assessment and infection prevention and control audit.
- Review the systems for clinical oversight of staff undertaking structured medicines reviews.
- Continue work to increase the uptake for cervical cancer screening and improving outcomes for patients experiencing poor mental health.
- Continue to monitor and improve patients' and care home staff's satisfaction with the service.
- Review the arrangements for staff to have access to a Freedom to Speak Up Guardian.

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.

Overall summary

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

Older people	Requires Improvement 
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	Requires Improvement 
People experiencing poor mental health (including people with dementia)	Inadequate 

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Sudbury and Alperton Medical Centre

Sudbury and Alperton Medical Centre is located at:

267 Ealing Road

Wembley

Middlesex

HA0 1EU

The practice has a branch surgery at:

228 Watford Road

Harrow

Middlesex

HA1 3TY

We visited both sites as part of this inspection activity.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury and surgical procedures. These are delivered from both sites.

The practice offers services from both a main practice and a branch surgery. Patients can access services at either surgery.

The practice is situated within the Brent Clinical Commissioning Group (CCG) and delivers General Medical Services (**GMS**) to a patient population of about 8,900. This is part of a contract held with NHS England.

The practice is part of a wider network of 11 GP practices known as Harness North Primary Care Network.

Information published by Public Health England shows that deprivation within the practice population group is in the sixth decile (six of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice population is 53% Asian, 28% White, 11% Black, 3% Mixed, and 5% Other.

There is a leadership team of two GP partners and two non-medical partners who provide cover at both practices. The GPs are supported at the practice by five long-term GP locums, two practice nurses, a health care assistant, a prescribing pharmacist and a team of reception/administration staff.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations. If the GP needs to see a patient face-to-face then the patient is offered a choice of either the main GP location or the branch surgery.

Extended access is provided locally at four hub locations where late evening and weekend appointments are available.

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are 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> <ul style="list-style-type: none">• We found 57 patients with abnormal HbA1c results were not consistently monitored, followed up or referred into appropriate treatment pathways.• Some patients taking the high-risk medicines Spironolactone, ACE inhibitors / ARB drugs and Lithium were not receiving the appropriate monitoring, in line with national guidance, prior to prescribing.• The practice did not have an effective system in place for acting on safety alerts as we found patients on teratogenic drugs of childbearing age had not had the risks associated with pregnancy discussed with them by their GP. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
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>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 provider failed to have systems and processes to monitor and manage patients prescribed the high-risk medicines Spironolactone, ACE inhibitors / ARB drugs and Lithium.• The provider failed to have systems and processes to monitor and manage patients with abnormal HbA1c results.

This section is primarily information for the provider

Enforcement actions

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