

Dr D Cowen & Partners

Inspection report

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Date of inspection visit: 7, 8 and 9 December 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

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced inspection at Dr D Cowen & Partners (Northfields Surgery) on 7, 8 and 9 December 2021. Overall, the practice is rated as Requires Improvement.

Set out the ratings for each key question

Safe - Requires improvement

Effective - Good

Caring - Good

Responsive - Requires improvement

Well-led - Requires improvement

Following our previous inspection on 9 February 2016, the practice was rated Good overall and for all key questions.

The full reports for previous inspections can be found by selecting the 'all reports' link for Dr D Cowen & Partners (Northfields Surgery) on our website at www.cqc.org.uk.

Why we carried out this inspection

This was a comprehensive inspection. At this inspection we covered all key questions:

- Are services safe?
- Are services effective?
- Are services caring?
- Are services responsive?
- Are services well-led?

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 site visit

Our findings

Overall summary

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 found that:

- There was a lack of good governance in some areas.
- Recruitment checks including Disclosure and Barring Service (DBS) were not always carried out in accordance with regulations or records were not kept in staff files.
- The practice did not have any formal monitoring system in place to assure themselves that blank prescription forms were recorded correctly, and their use was monitored in line with national guidance.
- Risks to patients were not assessed and well managed in relation to some safety alerts and the monitoring of the prescription box for uncollected prescriptions.
- Some staff had not received safeguarding adults, infection control, basic life support, legionella, sepsis awareness, equality & diversity, chaperone and fire safety training relevant to their role.
- People were not able to access the telephone system in a timely manner.
- Complaints were not responded to in writing and the register was not maintained appropriately.
- Policies and procedures were not always updated or followed appropriately.
- Our clinical records searches showed that the practice had an effective process for monitoring patients' health in relation to the use of medicines including high-risk medicines.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic.
- The Care Quality Commission (CQC) rating poster was not displayed on the premises.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

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

- Continue to monitor, encourage and improve cervical cancer screening and childhood immunisation uptake.
- Take steps to collect patient feedback and review Patient Participation Group (PPG) feedback.
- Document when significant events have occurred.
- Take necessary steps to ensure staff are clear about their responsibilities to report cases of Female Genital Mutilation (FGM).

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

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 Dr D Cowen & Partners

Dr D Cowen & Partners (Northfields Surgery) is located in the Ealing area in West London at:

Northfields Surgery
61 Northfield Avenue,
Ealing,
W13 9QP

We visited this location as part of this inspection activity.

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

The practice is situated within the Ealing Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 9,470. This is part of a contract held with NHS England.

The practice is part of the South Central Ealing Primary Care Network (PCN) and Ealing GP Federation.

Information published by Public Health England shows that deprivation within the practice population group is in the ninth lowest decile (nine 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 area is 13% Asian, 74% White, 5% Black, 5% Mixed, and 3% Other.

The majority of the patients within the practice are of working age. Working age practice population is slightly higher and older people practice population is slightly lower than the national averages.

There are two GP partners, three salaried GPs. Four GPs are female and one is male. The practice employs a practice nurse, a nurse associate and a health care assistant. The partners are supported by a practice business manager, a practice operational manager and a team of administrative and reception staff. Three clinical pharmacists (employed by the Ealing GP federation) are offering sessions at the practice.

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 an appointment at the practice.

Extended access is provided locally by Ealing GP Federation, where late evening and weekend appointments are available. Out of hours services are provided by Practice Plus.

Requirement notices

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 Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed.</p> <p>In particular, we found:</p> <ul style="list-style-type: none">Recruitment checks including Disclosure and Barring Service (DBS) were not always carried out in accordance with regulations or records were not kept in staff files. <p>This was in breach of Regulation 19 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 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>The provider had not done all that was reasonably practicable to assure systems and processes were established and operated effectively to ensure compliance with requirements to demonstrate good governance.</p> <p>In particular, we found:</p> <ul style="list-style-type: none">There was a lack of good governance in some areas.The practice did not have any formal monitoring system in place to assure themselves that blank prescription forms were recorded correctly, and their use was monitored in line with national guidance.

Requirement notices

- Risks to patients were not assessed and well managed in relation to some safety alerts and the monitoring of the prescription box for uncollected prescriptions.
- Some staff had not received safeguarding children, safeguarding adults, infection control, basic life support, legionella, sepsis awareness, equality & diversity, chaperone and fire safety training relevant to their role.
- People were not able to access the telephone system in a timely manner.
- Complaints were not responded to in writing and the register was not maintained appropriately.
- Policies and procedures were not always updated or followed appropriately.
- The Care Quality Commission (CQC) rating poster was not displayed on the premises.

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