

Chichele Road Surgery

Inspection report

25 Chichele Road
London
NW2 3AN
Tel: 02084524666
www.chicheleroadsurgery.co.uk

Date of inspection visit: 10 December 2020
Date of publication: 22/02/2021

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? | | Good |  |
| Are services effective? | | Requires Improvement |  |
| Are services caring? | | Good |  |
| Are services responsive to people's needs? | | Good |  |
| Are services well-led? | | Requires Improvement |  |

Overall summary

We carried out an announced comprehensive inspection at Chichele Road Medical Centre on 10 December 2020 as part of our inspection programme.

At this inspection we followed up on breaches of regulations identified at a previous inspection on 24 October 2019. Following the October inspection, the practice was placed in special measures and issued with warning notices for breaches of Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance). We carried out a virtual assessment of the practice's progress in September 2020 and found that the practice had made the required improvements set out in the warning notices. We did not re-rate the practice at that time.

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 **requires improvement** for providing effective and well-led services because:

- Some performance data was significantly below local and national averages and the practice did not yet have a convincing strategy to improve in these areas.
- The practice could not assure us that it proactively assessed the physical health needs of patients with learning disabilities.
- The practice was not always treating patients in line with guidelines (for example, in relation to certain combinations of medicines) and could not always provide a rationale in these cases.
- The practice had not developed a clinical audit programme linked to practice priorities and could provide only limited evidence of recent audit. The practice was not auditing its prescribing of controlled drugs.

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

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- 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 rated the practice as **requires improvement** for providing services to the population group of Families, Children and Young People. This was because recent performance data on childhood immunisations was not meeting the national targets.

We rated the practice as **requires improvement** for providing services to the population group of Working Age People (including those recently retired and students). This was because relevant performance data for population cancer screening programmes was below local and national averages and targets. Published practice performance on these indicators had remained static since 2017. The practice provided unverified data following the inspection that cervical cancer uptake rates were improving.

We rated the practice as **requires improvement** for providing services to the population group of People whose circumstances may make them vulnerable. The practice was not carrying out annual health checks for patients with a learning disability or carrying out other active monitoring of their physical health needs.

Overall summary

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

- 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 look at ways to improve uptake for the childhood immunisation programme.
- Implement a system to follow-up patients diagnosed with serious mental problems who fail to collect prescribed medicines.
- Consider ways to involve staff and patients in developing the practice mission statement and values.

I am taking this service out of special measures. This recognises the significant improvements that have been made to the quality of care provided by this service.

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 | Good  |
| People with long-term conditions | Good  |
| 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) | Good  |

Our inspection team

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

Background to Chichele Road Surgery

Chichele Road Surgery provides primary care services to around 5,500 patients in the Cricklewood area of Brent in North West London. The service operates from one site in a converted property. Patient facilities are located on the ground and first floors. The first floor is accessible by stairs.

The practice is led by two partners one of whom is the clinical lead GP at the practice. The practice also employs one salaried GP. The practice contracts with regular locum GPs and employs a full-time nurse who is an independent prescriber; a part-time practice nurse and a health care assistant. The practice employs reception and administrative staff.

The practice telephone line opens from 8am and the practice doors open from 9am until 6pm Monday to Friday. The practice provides access to the service through a telephone booking system in line with current NHS guidelines to primary care providers during the Covid-19 pandemic. Pre-bookable and emergency appointments are available. The practice can offer video, online, telephone or face-to-face consultations as appropriate.

Patients can access an out of hours service if they need urgent advice or treatment when the practice is closed. The practice population is made up of a higher proportion of adults of working age than average with lower proportions of older patients and children and babies. The population is ethnically and culturally diverse with around half of patients identifying as white. The population experiences slightly lower than average life-expectancy and higher than average levels of unemployment and income deprivation.

The practice is part of the Brent Clinical Commissioning Group (CCG) and Kilburn Primary Care Network. It is registered with the Care Quality Commission (CQC) to carry on the following regulated activities: diagnostic and screening procedures; family planning; treatment of disease, disorder or injury; family planning, maternity and midwifery services and surgical procedures.

The full reports of these previous inspections can be found by selecting the 'all reports' link for Chichele Road Surgery on our website at [cqc.org.uk](https://www.cqc.org.uk).

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 Surgical procedures 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>There was a lack of systems and processes 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">• The arrangements for identifying, recording and managing certain risks and implementing mitigating actions were not operated effectively in relation to the prescribing of combinations of medicines known to potentially have harmful interactions.• The practice did not have a strategy in place to improve quality outcomes for the secondary prevention of coronary heart disease.• The provider did not have an effective system in place to assess and monitor the physical health needs of patients with learning disabilities.• Systems and tools for evaluating and improving clinical performance, such as clinical audit remained underdeveloped. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |