

Albany Practice


Inspection report

Brentford Health Centre
Boston Manor Road
Brentford
Middlesex
TW8 8DS
Tel: 020 8630 3838
<https://albanypractice.co.uk>

Date of inspection visit: 09 Oct 2019
Date of publication: 22/11/2019

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?	Requires improvement 
Are services caring?	Requires improvement 
Are services responsive?	Requires improvement 
Are services well-led?	Requires improvement 

Overall summary

We carried out an announced comprehensive inspection at Albany Practice on 09 October 2019 as part of our inspection programme.

We decided to undertake an inspection of this service following our annual review of the information available to us.

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 and requires improvement for all population groups.

We found that:

- The systems and processes in place to keep patients safe required improvement. For example, the practice did not have a robust system in place to manage medicines and safety alerts.
- Patients received effective care and treatment that met their needs; however, some of the staff had not completed training appropriate to their role.
- The uptake for childhood immunisations and cervical screening were below average.
- Staff dealt with patients with kindness and respect and patients we spoke to indicated that they were involved in decisions about their care.

- The practice organised and delivered services to meet patients' needs. However, some of the patients we spoke to indicated they had to wait up to three weeks to obtain an appointment.
- The results of the national GP patient survey indicated that the practice scored below average in relation to patient satisfaction of the service.
- The governance systems in place for safe and effective running of the practice required improvement.

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:

- Staff complete training appropriate to their role.
- Provide protected learning time for staff.
- Consider ways to improve uptake for childhood immunisations, cervical screening and learning disability health checks.

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)	Requires improvement 

Our inspection team

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

Background to Albany Practice

Albany Practice provides primary medical services in Brentford Health Centre, Boston Manor Road, Brentford TW8 8DS to approximately 7,100 patients and is part of Hounslow Clinical Commissioning Group (CCG) and one of 10 GP practices in Brentford and Isleworth CCG locality. The following is the link to the practice website:

During the last year the practice had a high staff turnover and the practice had re-organised their services and a new team was formed.

The clinical team at the surgery is made up of two part-time GP partners (one male and one female) and two part-time salaried GPs (one male and one female), a part-time female advance nurse practitioner, two part time female practice nurses, two part-time female healthcare assistants, a part-time female pharmacy

technician and a part-time male pharmacist. The non-clinical practice team consists of a business manager, administrative manager and eight administrative or reception staff members.

The practice population is in the fourth most deprived decile in England. The practice population of children is in line with the CCG (Clinical Commissioning Group) average and above the national average and the practice population of older people is slightly above the CCG and significantly above the national average.

The provider was registered with the Care Quality Commission as a partnership to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

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>The provider had not ensured that care and treatment is provided in a safe way.</p> <p>The provider did not ensure staff complete safeguarding training relevant to their role.</p> <p>The provider did not ensure recruitment records were maintained in accordance with regulations.</p> <p>The provider did not ensure portable appliance testing is undertaken to ensure safety.</p> <p>The provider did not ensure regular fire drills are undertaken.</p> <p>The provider did not ensure a health and safety, premises and infection prevention and control risk assessments are carried out.</p> <p>The provider did not ensure staff complete training on identifying a deteriorating or acutely unwell patient.</p> <p>The provider did not ensure they had a safe system to monitor uncollected prescriptions.</p> <p>The provider did not ensure that staff had the correct legal paperwork to administer medicines.</p> <p>The provider did not ensure there is a clear system in place to monitor patients on high-risk medicines.</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>The provider had not ensured that effective systems and processes are in place to ensure good governance in accordance to fundamental standards of care.</p>

This section is primarily information for the provider

Requirement notices

The provider did not have a clear system in place for recording and acting on significant events.

The provider did not have a clear system in place to receive, implement and monitor the implementation of medicines and safety alerts.

The provider did not ensure that the business continuity plan contained the necessary information for staff.

The provider did not have a clear system to ensure learning from significant events and complaints are recorded to ensure learning.