

The Pinner Road Surgery

Inspection report

196 Pinner Road
Harrow
Middlesex
HA1 4JS
Tel: 020 8427 0130
Website: www.pinnerroadsurgery.co.uk

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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?

Good 

Are services well-led?

Requires improvement 

Overall summary

We carried out an announced comprehensive inspection at The Pinner Road Surgery on 19 June 2019 as part of our inspection programme.

At this inspection, we followed up on breaches of regulations identified at a previous inspection on 14 May 2018. Previous reports on this practice can be found on our website at: .

At this inspection, we found that the practice had demonstrated improvements in most areas, however, they were required to make further improvements.

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 good overall for all population groups, with the exception of working age people (including those recently retired and students) which is rated as requires improvement.

We rated the practice as **requires improvement** for providing safe and well-led services because:

- Fridge temperatures were not always adequately monitored.
- The practice had not identified and raised concerns and reported incidents when fridge temperatures were recorded higher or lower than the recommended range.
- The practice did not have a paediatric pulse oximeter which could be required to enable assessment of a child patient with presumed sepsis.
- The practice was unable to provide evidence of regular fire drills.
- We found expired products and several opened and partially used items.
- The practice was unable to provide documentary evidence of an asbestos survey. This issue was highlighted during the previous inspection.
- Safeguarding policies were recently reviewed, but they did not include up to date details.
- The practice was aware of and complied with the requirements of the Duty of Candour.

- The practice had demonstrated good governance in most areas, however, they were required to make further improvements.

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

- The practice routinely reviewed the effectiveness and appropriateness of the care it provided.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice's uptake of the childhood immunisations rates was in line with the national averages.
- The practice's uptake of the national screening programme for cervical cancer was below the local and the national averages.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Feedback from most patients and recently published (11 July 2019) annual national GP patient survey results reflected that they were able to access care and treatment in a timely way. However, some improvements were required.
- The practice was encouraging patients to register for online services and 35% of patients were registered to use online Patient Access.
- The practice organised and delivered services to meet patients' needs.
- Information about services and how to complain was available.

We rated all population groups as **good** for providing responsive services. We rated all population groups as **good** for providing effective services, with the exception of working age people (including those recently retired and students) which is rated as **requires improvement**, because of low cervical screening rates.

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).

Overall summary

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

- Consider how to evacuate patients with mobility problems.
- Continue to develop a patient participation group (PPG) and increase the frequency of PPG meetings.

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	Good	
Working age people (including those recently retired and students)	Requires improvement	
People whose circumstances may make them vulnerable	Good	
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, a practice nurse specialist advisor and a practice manager specialist advisor.

Background to The Pinner Road Surgery

The Pinner Road Surgery is a GP practice located in West Harrow in North West London and is part of the Harrow Clinical Commissioning Group (CCG). The practice is located in converted premises. The practice is planning to join the Primary Care Network (PCN) from July 2019.

Services are provided from: 196 Pinner Road, West Harrow, Middlesex, HA1 4JS.

Online services can be accessed from the practice website: www.pinnerroadsurgery.co.uk.

The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder and injury and maternity and midwifery services.

The practice provides primary medical services through a Primary Medical Services (PMS) contract to approximately 4,020 patients in the local area (PMS contracts are negotiated locally between GP representatives and the local office of NHS England).

There are one principal GP, one salaried GP and one long term locum GP at the practice. Two GPs are female and a male, who work a total of 11 clinical GP sessions per week. The principal GP is not offering any clinical session at the practice and allocated one and half days for

administration and management of the service. The principal GP has joined the practice as one of the partners in June 2016 and subsequently registered with the CQC as an individual in August 2017 after the retirement of previous partners.

The practice employs a practice nurse, two physician associates (who works two days per week under the supervision of the GPs), a clinical pharmacist and a phlebotomist. The principal GP is supported by an assistant practice manager, a team of administrative and reception staff. The practice has recently recruited a new practice manager in June 2019 to provide practice management support.

Out of hours (OOH) service is provided by the Care UK.

The practice population of patients aged between 5 to 18 years old and patients aged above 65 years old are slightly lower than the national average.

Ethnicity based on demographics collected in the 2011 census shows the patient population is ethnically diverse and 57% of the population is composed of patients with an Asian, Black, mixed or other non-white backgrounds.

Information published by Public Health England, rates the level of deprivation within the practice population group as nine, on a scale of one to ten. Level one

represents the highest levels of deprivation and level ten the lowest. However, the practice informed us there are

some areas of the high level of deprivation. Male life expectancy is 83 years compared to the national average of 79 years. Female life expectancy is 85 years compared to the national average of 83 years.

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not have suitable arrangements in place for assessing and managing risks in order to protect the welfare and safety of service users and others who may be at risk from the carrying on of the regulated activity. In particular, we found:</p> <p>The service did not have reliable systems for appropriate and safe handling of medicines. For example:</p> <ul style="list-style-type: none">• Fridge temperatures were not always adequately monitored.• The practice had not identified and raised concerns and reported incidents when fridge temperatures were recorded higher or lower than the recommended range.• The practice did not have a paediatric pulse oximeter which could be required to enable assessment of a child patient with presumed sepsis.• The practice was unable to provide evidence of regular fire drills.• We found expired products and several opened and partially used items.• The practice was unable to provide documentary evidence of an asbestos survey. This issue was highlighted during the previous inspection. <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures 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>

This section is primarily information for the provider

Requirement notices

There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance in some areas.

In particular, we found:

The practice had not assured themselves that policies and procedures were operating as intended. For example,

- The practice had failed to identify that the cold chain policy was not followed appropriately.
- Safeguarding policies were recently reviewed, but they did not include up to date details.
- The practice had not always included necessary information of the complainant's right to escalate the complaint to the Ombudsman if dissatisfied with the response. This issue was also highlighted in the evidence table during the previous inspection.
- We noted appropriate role specific induction had not been provided to a new clinical member of staff.
- The practice had not taken sufficient action to address patient feedback about access to the service and feedback from some patients reflected that they were not always able to access care and treatment in a timely way.

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