

Cloister Road Surgery

Inspection report

41-43 Cloister Road
Acton
London
W3 0DF
Tel: 02089924331
www.cloisterroadsurgery.co.uk

Date of inspection visit: 21 August 2019
Date of publication: 23/10/2019

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 responsive?

Good 

Are services well-led?

Good 

Overall summary

We decided to undertake an inspection of this service following our annual review of the information available to us. This inspection looked at the following key questions safe, effective, responsive and well-led. The rating for the key question caring would be carried through from the previous inspection. We carried out the previous inspection on 28 April 2016 and rated the practice as good overall.

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 families, children and young people and working age people (including those recently retired and students) which are rated as requires improvement.

We rated the practice as **requires improvement** for providing safe and effective services because:

- Blank prescription forms for use in printers and handwritten pads were not handled in accordance with national guidance.
- The practice's uptake of the childhood immunisations rates was below the national averages for three out of four immunisations measured.
- The practice's uptake of the national screening programme for cervical cancer was below the local and the national averages.
- Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses. When incidents did happen, the practice learned from them and improved their processes.
- Risks to patients were assessed and well managed.
- 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.

We rated the practice as **good** for providing responsive and well-led services because:

- Feedback from patients reflected that they were able to access care and treatment in a timely way.
- The practice was encouraging patients to register for online services and 40% 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.
- The practice was aware of and complied with the requirements of the Duty of Candour.
- There was a clear leadership structure and staff felt supported by the management.
- The practice had demonstrated good governance in most areas, however, they were required to make further improvements.

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 families, children and young people and working age people (including those recently retired and students) which are rated as **requires improvement**, because of low childhood immunisations and cervical cancer screening rates.

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:

- Keep fire safety processes under review.

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	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.

Background to Cloister Road Surgery

Cloister Road Surgery is a GP practice located in Acton in West London and is part of the Ealing Clinical Commissioning Group (CCG). The practice is located in a purpose built premises. The practice is part of the Acton Primary Care Network (PCN) since July 2019.

Services are provided from: Cloister Road Surgery, 41-43 Cloister Road Surgery, Acton, W3 0DF.

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

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

The practice provides services to 10,300 patients under the terms of a General Medical Services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

There are two GP partners and six salaried GPs. Three GPs are male and five are female, who work a total of 30 GP clinical sessions per week on average. In addition, the practice offers 11 trainee GP clinical sessions per week. The practice employs two practice nurses, two health care assistants and a phlebotomist. The practice manager is supported by a team of administrative and reception staff.

This is a training practice, where a doctor who is training to be qualified as a GP has access to a senior GP throughout the day for support. We received positive feedback from the trainee GP we spoke with.

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

The practice population of patients aged under 18 years old and patients aged above 65 years old are lower than the national average.

Ethnicity based on demographics collected in the 2011 census shows the patient population is ethnically diverse and 49% 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 five, 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 80 years compared to the national average of 79 years. Female life expectancy is 84 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 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>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">• Blank prescription forms for use in printers and handwritten pads were not handled in accordance with national guidance.• The practice's uptake of the childhood immunisations rates and cervical cancer screening rates were below the national averages and action taken had not yet demonstrated improved outcomes. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>