

# Lady Margaret Road Medical Centre

## Quality Report

57 Lady Margaret Road  
Southall  
London  
UB1 2PH  
Tel: 020 8574 5186  
Website:

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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 service

Good



Are services safe?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection on 11 December 2015 at Lady Margaret Road Medical Centre. At that inspection the practice was rated good overall. However we rated the safety of the service as requires improvement. This was because staff members were acting as chaperones without having had training and also because the practice was not equipped with a defibrillator for use in an emergency and could not show it had effectively assessed this risk. The full comprehensive report of the 11 December 2015 inspection can be found by selecting the 'all reports' link for Lady Margaret Road Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was a desk-based review and commenced on 19 December 2016 to check that the practice had followed their plan to address the findings identified in our previous inspection on 11 December 2015. This report covers our findings in relation to those requirements and also outlines additional improvements made since our previous inspection.

Overall the practice remains rated as good. Following this inspection, we revised the practice's rating for safe services and the practice's rating for the care of people of working age to good.

Our key findings were as follows:

- Administrative staff members who acted as chaperones had completed formal training on how to carry out the role effectively.
- The practice had purchased a defibrillator with pads since our previous inspection. The practice also provided evidence of staff training and the routine monitoring checks it was carrying out on this equipment.
- We noted improvements to the practice's cervical screening uptake rate since our previous inspection.
- The practice had introduced a telephone reminder system to encourage patients to attend for bowel screening which had been recognised through the clinical commissioning group's local improvement scheme 2015/16.
- The practice had identified 46 patients who were carers, that is, 1.5% of the practice list. The practice had also designated one of the staff members as a 'carer's champion' and had an agreement with the local carers centre to refer carers there if they needed advice or additional support.

However, there remained one area of practice where the provider needs to make improvements. The provider should:

- Continue to focus on ways to improve patient satisfaction. In our previous inspection we reported on the national GP patient survey results for the practice. For example, at that time the most recent survey

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results showed that 55% of patients said the last GP they saw was good at involving them in decisions about their care (compared to the clinical commissioning group average of 74%). The current survey results show little change as yet with 57% of practice patients responding positively to this question.

**Professor Steve Field CBE FRCP FFPH FRCGP**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### **Are services safe?**

The practice is rated as good for providing safe services as improvements had been made in relation to chaperoning and the practice was now well equipped to handle medical emergencies.

**Good**



# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### **Working age people (including those recently retired and students)**

The practice is rated as good for the care of working age people (including those recently retired and students).

The provider had improved patient uptake rates for cervical screening and this population group rating has been updated to reflect this.

In 2015/16, 62% of eligible female practice patients had attended for cervical screening within the relevant target period compared to the clinical commissioning group average of 65% (Public Health England Cancer Data 2015/16).

**Good**



# Lady Margaret Road Medical Centre

## Detailed findings

### Why we carried out this inspection

We undertook a comprehensive inspection of Lady Margaret Road Medical Centre on 11 December 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The overall rating for the practice was good, but we rated the practice as requires improvement for providing a safe service. The full comprehensive report on the 11 December 2015 inspection can be found by selecting the 'all reports' link for Lady Margaret Road Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up desk-based review of Lady Margaret Road Medical Centre on 19 December 2016. This inspection was carried out to review in detail the actions taken by the practice to improve the safety of care and to confirm that the practice was now meeting legal requirements.

### How we carried out this inspection

We carried out a desk-based focused inspection of Lady Margaret Road Medical Centre starting on 19 December 2016. This involved reviewing evidence that:

- Relevant staff had completed required chaperoning training.
- The practice was equipped to handle medical emergencies.
- Practice performance on public health screening indicators as measured by the Quality and Outcomes Framework and Public Health England Cancer Data 2015/16 had improved.
- The practice had systems in place to identify carers and provide additional support when required.
- And, reviewing the latest national GP patient survey results for the practice which were published in July 2016.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at the time of the commencement of this inspection.

# Are services safe?

## Our findings

At our previous inspection on 11 December 2015, we rated the practice as requires improvement for providing safe services as the arrangements for chaperoning and handling medical emergencies required improvement.

The practice had acted on the previous inspection findings and these arrangements had improved by the time we carried out this follow up inspection on 19 December 2016. The practice is now rated as good for providing safe services.

### Overview of safety systems and process

When we inspected the practice on 11 December 2015 we found that some administrative staff members who acted as a chaperones were unclear about the role, particularly the importance of being able to observe the examination. The practice had not provided these staff members with formal training.

Since then, the practice had enrolled all relevant staff members on formal chaperone training. The training

covered the purpose of chaperoning and how staff should introduce and position themselves and observe examinations. We were able to review staff members' training records and certificates as evidence of completion.

### Arrangements to deal with emergencies and major incidents

When we inspected the practice on 11 December 2015 we noted that the practice did not have a defibrillator and had not carried out a risk assessment showing why this was appropriate. We were told verbally at that time that the emergency services responded quickly and patients could be transported quickly to A&E.

Since then the practice confirmed it had purchased a defibrillator for use in the event of a medical emergency and provided us with the invoice and details of the make and model as evidence. The practice also sent us copies of the weekly monitoring it carried out to check the defibrillator's battery is operational and the pads are within their expiry dates. Annual staff training on basic life support also now included a refresher session on how to use the defibrillator.