

Alperton Medical Centre

Inspection report

32 Stanley Avenue
Wembley
Middlesex
HA0 4JB

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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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Requires improvement 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

We carried out an announced comprehensive inspection at Alperton Medical Centre on 14 March 2019 as part of our inspection programme.

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 good overall and good for all population groups.

We found that:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- The practice organised and delivered services to meet patients' needs. Patients could usually access care and treatment in a timely way.
- The practice was responsive to the needs of bereaved families and this was observed during inspection.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

We rated this practice as **requires improvement** for providing caring services because:

- Patient did not always feel that they were treated with kindness, or involved in decisions about their care and

treatment. Patient satisfaction scores relating to their care and treatment were below local and national averages. There was limited evidence to show what action the practice had taken to improve how patients felt about their care and treatment.

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:

- Monitor that all recommended actions from the audits and risk assessments are carried out.
- Review classification of significant events to ensure that all are captured.
- Monitor that all Patient Group Directions (PGDs) are signed in a timely manner.
- Develop a system to ensure that all relevant staff have read patient safety alerts.

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)	Good	
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 and a practice manager specialist advisor.

Background to Alperton Medical Centre

Alperton Medical Centre is located at 32 Stanley Avenue, Wembley, HA0 4JB. The surgery is located in a purpose built building and has good transport links and there is a pharmacy located nearby. The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury.

Alperton Medical Centre is situated within the Brent Clinical Commissioning Group (CCG) and provides services to 5,732 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.

The provider is a male and female GP partnership and employs three regular male and female locum GPs who provide a combination of 23 sessions a week. Also employed are a practice nurse, a health care assistant, a practice manager and several reception and administration staff, including one secretary. The practice is not currently part of any wider network of GP practices.

There are higher than average number of patients under the age of 18 and fewer patients aged over 85 than the

national average. The National General Practice Profile states that 67% of the practice population is from an Asian background with a further 16% of the population originating from white ethnic groups. 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. Male life expectancy is 81 years compared to the national average of 79 years. Female life expectancy is 85 years compared to the national average of 83 years.

The practice is open between 9.00am and 6.30pm Monday to Friday, except Tuesday and Wednesday when it is open until 7.30pm. Extended hours appointments are offered from 6.30pm to 7.30pm on Tuesday and Wednesday. The practice has opted out of providing an out-of-hours service. Patients calling the practice when it is closed are informed about the NHS 111 service and details of the local out-of-hours service provider. Information is provided on the practice website regarding the NHS 111 service. Services provided include chronic disease monitoring, phlebotomy, child health surveillance, screening, sexual health advice and support, travel vaccinations and health promotion.

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 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>Patient satisfaction scores relating to their care and treatment were below local and national averages. The provider had not taken effective action to address these scores and there was no demonstrable improvement at this stage.</p> <p>This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>