

Chichele Road Surgery

Inspection report

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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?	Good	Good	
Are services effective?	Requires Improvement	Requires Improvement	
Are services caring?	Good	Good	
Are services responsive to people's needs?	Good	Good	
Are services well-led?	Requires Improvement	Requires Improvement	

Overall summary

We carried out an announced inspection at Chichele Road Surgery from 8 November to 13 December 2021. Overall, the practice is rated as requires improvement.

Safe - Good

Effective – Requires improvement

Caring - Good

Responsive - Good

Well-led – Requires improvement

Following our previous comprehensive inspection which took place on 20 December 2020 the practice was rated requires improvement overall. It was rated good for providing safe, caring and responsive services and requires improvement for providing effective and well-led services.

The full reports for previous inspections can be found by selecting the 'all reports' link for Chichele Road Surgery on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was a comprehensive inspection to follow up on:

- All key questions
- Breaches of regulations 17 (Good governance)
- Areas we said the practice should improve

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A short site visit

Our findings

Overall summary

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

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

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients' needs were assessed and care and treatment was delivered in line with current guidelines.
- Staff dealt with patients with kindness and respect and were committed to involving people in decisions about their care.
- Patients could access care and treatment in a timely way.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic.

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

- The practice was not managing some long term conditions (asthma and hypothyroidism) in line with guidelines.
- The practice was performing below target for cancer screening uptake and childhood immunisations.

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

- Governance was variable and there remained some gaps in systems and lines of accountability were not always clear.
- We received mixed feedback from staff about the practice as a place to work.
- The practice provided supervision, competency assessment and oversight to clinicians working in advanced practice and documented annual appraisals. However, supervision and competency assessment of the wider team was largely reactive in nature and not documented.

We found a breach of regulations. The provider **must**:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

In addition the provider **should**:

- Continue work to increase the uptake of childhood immunisations.
- Ensure that complaints are responded to in a timely way and updates are provided to complainants when appropriate.
- Assess and put in place measures to support staff wellbeing at work as appropriate.
- Ensure that key documentation supporting the recruitment and complaints process is accessible when required.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Overall summary

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

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

Background to Chichele Road Surgery

Chichele Road Surgery provides primary care services to around 5,500 patients in the Cricklewood area of Brent in North West London. The service operates from one site in a converted property. Patient facilities are located on the ground and first floors. The first floor is accessible by stairs.

The practice is led by two partners one of whom is the clinical lead GP at the practice. The practice also employs one salaried GP. The practice contracts with regular locum GPs and employs a full-time nurse who is an independent prescriber; a part-time practice nurse and a health care assistant. The practice employs reception and administrative staff.

The practice telephone line opens from 8am and the practice doors open from 9am until 6pm Monday to Friday. The practice provides access to the service through a telephone booking system in line with current NHS guidelines to primary care providers during the Covid-19 pandemic. Pre-bookable and emergency appointments are available. The practice can offer video, online, telephone or face-to-face consultations as appropriate.

Patients can access an out of hours service if they need urgent advice or treatment when the practice is closed. The practice population is made up of a higher proportion of adults of working age than average with lower proportions of older patients and children and babies. The population is ethnically and culturally diverse with around half of patients identifying as white. The population experiences slightly lower than average life-expectancy and higher than average levels of unemployment and income deprivation.

The practice is part of the North West London Clinical Commissioning Group (CCG) and Kilburn Primary Care Network. It is registered with the Care Quality Commission (CQC) to carry on the following regulated activities: diagnostic and screening procedures; family planning; treatment of disease, disorder or injury; family planning, maternity and midwifery services and surgical procedures.

The full reports of these previous inspections can be found by selecting the 'all reports' link for Chichele Road Surgery on our website at [cqc.org.uk](https://www.cqc.org.uk).

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	The provider had failed to establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. In particular we found:
Maternity and midwifery services	The provider did not have a clear strategy in place to achieve stated goals.
Surgical procedures	Governance systems in relation to the oversight of delegated responsibilities, staff performance, competency assessment and clinical supervision were not fully developed or recorded.
Treatment of disease, disorder or injury	The provider was not always maintaining accurate, complete and contemporaneous patient records. This was evident in relation to the level of detail included in some long-term condition reviews.
	The provider did not have fully effective systems in place to ensure the safe management of patients prescribed medicines which required ongoing monitoring.
	The provider had not effectively used risk assessment to demonstrate that the environment was maintained to a standard to protect patient confidentiality and staff safety.
	The provider had not improved its performance in relation to cancer screening programmes.
	The provider did not have an effective prescription security system in place.
	This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.