

The Bacon Lane Surgery

Inspection report

11 Bacon Lane
Edgware
HA8 5AT
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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?	Requires Improvement	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Requires Improvement	

Overall summary

We carried out an announced inspection at The Bacon Lane Surgery, with the remote clinical review on 4 April 2022 and site visit on 7 April 2022. Overall, the practice is rated as requires improvement.

Set out the ratings for each key question

Safe - Requires improvement

Effective – Requires improvement

Caring - Good

Responsive - Good

Well-led – Requires improvement

Following our previous inspection on 29 September 2016, the practice was rated as good overall and for all key questions apart from safe, which was rated as requires improvement. We inspected the safe key question on 5 October 2017 and rated the practice as safe on this occasion.

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

Why we carried out this inspection

This inspection was a comprehensive inspection focusing on:

- Ensuring care and treatment was being provided in a safe way to patients.
- Establishing if there were effective systems and processes in place to ensure good governance in accordance with the fundamental standards of care.

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

Overall summary

Our findings

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 this practice as requires improvement for providing safe services because:

- We found that some members of staff, both clinical and non-clinical, had not completed the appropriate level of safeguarding training.
- We found gaps in the training records we reviewed, in particular in relation to sepsis awareness and information governance training. The practice told us that this had been completed by all staff, however, we did not see evidence of this in all cases.
- We identified some issues with the monitoring of patients on some high risk medicines.
- We found that the system for managing and acting on Medicines and Healthcare Products Regulatory Agency (MHRA) alerts was not always effective.
- The premises were well managed and there were effective system for managing infection prevention and control.
- We found that emergency medicines and equipment on site were organised, in date and effectively managed.

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

- We identified some issues with the monitoring and management of long-term conditions.
- The practice's uptake for cervical screening was below the 80% coverage target for the national screening programme. We did not see sufficient action by the practice to understand this low uptake to address any barriers to the uptake of screening.
- The practice had not met the minimum 90% uptake for all five of the childhood immunisation uptake indicators and was below 80% in four of the indicators. The practice had not met the WHO based national target of 95% (the recommended standards for achieving herd immunity) for all of the childhood uptake indicators.
- The practice had worked towards providing effective care for patients during the Covid-19 pandemic.

We rated this practice as good for providing caring services because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice had arrangements for providing interpreters for patients who did not have English as a first language and made adjustments for patients to ensure access.
- The practice offered longer appointments for patients where appropriate.

We rated this practice as good for providing responsive services because:

- We found that people's needs were met through the way services were organised and delivered.
- The practice offered extended hours in the early morning and late evening to accommodate patients.

Overall summary

- The practice had an increasing practice population and it had diversified services to assist with demand. The practice had a first contact physiotherapist, in-house phlebotomy service and a pharmacist which assisted with providing integrated and holistic care to patients.

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

- We identified some shortfalls in the overall governance and risk management systems. These included the risks associated with the required monitoring of patients on some high risk medicines, systems for acting on MHRA alerts, management of long-term conditions and uptake of childhood immunisations and cervical screening.
- The system for oversight of staff training was not sufficient.
- Action were taken to support the maintenance of the service during the Covid-19 pandemic.
- We received feedback from the patient participation group (PPG) that the practice was not collaborating effectively with it currently.
- Staff spoke positively about their employment at the practice and felt supported.
- The practice had reflected on challenges faced and had put in place plans for improvements to services.

We found breaches of regulations. The provider **must**:

- 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).

In addition to the above, the practice **should**:

- Review the oversight of staff training and records kept.
- Continue to conduct routine fire risk assessments.
- Demonstrate an understanding of why childhood immunisations uptake is low and what barriers there are to uptake in the patient population, and take action to address such barriers as appropriate.
- Improve the relationship and engagement with the PPG.

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

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to The Bacon Lane Surgery

The Bacon Lane Surgery is a practice located in the Harrow Local Authority. Services are provided from 11 Bacon Lane, Edgware, Middlesex, HA8 5AT. The premises are located in a residential area with transport links.

The practice is registered with the CQC to provide the regulated activities: diagnostic and screening procedures; family planning; maternity and midwifery services; surgical procedures; and treatment of disease, disorder or injury. The practice is situated within the North West London Clinical Commissioning Group (CCG) and provides services to approximately 8,899 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 three GP partners, a pharmacist partner, an accountant partner, a locum GP, a physiotherapist (musculoskeletal specialist), a pharmacist, a practice nurse, a healthcare assistant, a phlebotomist/ healthcare assistant, an operations manager and a team of administrative and reception staff.

The practice is part of the Harrow East Primary Care Network (PCN). According to the latest available data, the ethnic make-up of the practice is 42.2% White, 40.5% Asian, 9.9% Black, 3.7% Mixed and 3.7% Other ethnic groups. Information published by the UK Health Security Agency (UKHSA) rates the deprivation within the practice population groups as seven, on a scale of one to ten. Level one represents the highest level of deprivation and ten the lowest. The practice has a higher than CCG average population of older patients.

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 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 Treatment of disease, disorder or injury Surgical procedures Family planning services Maternity and midwifery services	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Processes and procedures to keep patients safe were not always effective.</p> <p>How the regulation was not being met:</p> <p>In particular we found:</p> <ul style="list-style-type: none">• There were gaps in the training records of staff members and some staff members had not completed safeguarding training to the appropriate level.• There were issues with the monitoring of patients on some high risk medicines.• The system for managing Medicines and Healthcare Products Regulatory Agency (MHRA) alerts was not always effective. <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 Treatment of disease, disorder or injury Surgical procedures Family planning services Maternity and midwifery services	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Not all systems and processes were established and operated effectively to ensure compliance with requirements to demonstrate good governance.</p> <p>How the regulation was not being met:</p> <p>In particular we found:</p>

This section is primarily information for the provider

Requirement notices

- The practice did not always have effective systems and processes in place for the management of patients with long-term conditions.
- The system to improve cervical screening uptake was not effective as uptake remained below the England average. There were not sufficient systems in place to mitigate the risks, address low uptake and barriers to the uptake of screening.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.