

The Mayfair Medical Centre

Inspection report

3-5 Weighhouse Street
London
W1K 5LS
Tel: 02074931647
www.mayfairmedicalcentre.co.uk

Date of inspection visit: 18 and 27 January 2023
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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 comprehensive inspection at The Mayfair Medical Centre on 18 and 27 January 2023. Overall, the practice is rated as **Requires Improvement**.

The key questions are rated as:

Safe - Requires improvement

Effective - Requires improvement

Caring - Good

Responsive - Requires improvement

Well-led - Requires improvement

Why we carried out this inspection

This was a comprehensive inspection. This was a new registration and we carried out this inspection as part of our regulatory functions.

At this inspection we covered all key questions:

- Are services safe?
- Are services effective?
- Are services caring?
- Are services responsive?
- Are services well-led?

How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A short site visit.

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.

Overall summary

We found that:

- There was a lack of good governance in some areas.
- Recruitment checks including Disclosure and Barring Service (DBS) were not always carried out in accordance with regulations and records were not kept in staff files.
- The practice did not have any formal monitoring system in place to assure themselves that blank prescription forms and pads were recorded correctly, and their use was monitored in line with national guidance.
- Our clinical records searches showed that the practice did not always have effective systems in place to ensure the monitoring of some high risk medicines and patients with long term conditions.
- Risks to patients were not assessed and well managed in relation to some safety alerts, Patient Specific Directions (PSDs) and the management of legionella.
- The Patient Participation Group (PPG) was not active.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Patients could access care and treatment in a timely way.
- Feedback from patients was positive about the way staff treated people.
- The practice carried out repeated clinical audits.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

The provider **should**:

- Continue to encourage the patient for cervical, breast and bowel cancer screening and childhood immunisation uptake.
- Establish the Patient Participation Group (PPG).

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

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

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 Mayfair Medical Centre

The Mayfair Medical Centre is located in central London at:

3-5 Weighhouse Street

London

W1K 5LS

We visited this location as part of this inspection activity. The practice is accessible.

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 is situated within the North West London Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 3,680. This is part of a contract held with NHS England.

The practice is part of the West End Marylebone Primary Care Network (PCN).

Information published by Public Health England shows that deprivation within the practice population group is in the eighth lowest decile (eight of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 67% White, 15% Asian, 4% Black, 5% Mixed, and 9% Other.

The majority of patients within the practice are of working age. The working age practice population is higher and the older people practice population is higher than the national average.

There is a principal GP and a senior GP. Both GPs are male. The practice employs a practice nurse and a health care assistant. The principal GP is supported by a practice manager and a team of administrative and reception staff. The clinical pharmacists (employed by the local PCN) are offering sessions at the practice.

The practice is open between 8.30am to 6.30 pm Monday and Friday and between 8.30am and 6.30pm Tuesday to Thursday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by the local PCN, where late evening and weekend appointments are available. Out of hours services are provided by 111.

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 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>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">• There was a lack of good governance in some areas.• The practice did not have any formal monitoring system in place to assure themselves that blank prescription forms were recorded correctly, and their use was monitored in line with national guidance.• Risks to patients were not assessed and well managed in relation to Patient Specific Directions (PSDs) and the management of legionella.• Sharps bins were not labelled.• Emergency lighting was not inspected regularly.• Patient treatment was not always regularly reviewed and updated.• Staff had received annual appraisals. However, they were not always signed.• The practice had not assured that computer screens were locked when the staff was away from their desks. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |

| Regulated activity | Regulation |
|---|---|
| Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury | <p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> |

Requirement notices

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed.

In particular, we found:

- Recruitment checks were not always carried out in accordance with regulations and records were not kept in staff files.

This was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Treatment of disease, disorder or injury
Maternity and midwifery services

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not being met:

The provider had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular, we found:

- Our clinical records searches showed that the practice did not always have effective systems in place to ensure the monitoring of some high risk medicines and patients with long term conditions.
- The practice had a system in place to manage safety alerts but it did not work effectively as we found some safety alerts were not actioned as required to ensure the safe care and treatment of patients.

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.