

# Meadow View Surgery

## Quality Report

141 Mandeville Road,  
Northolt,  
Middlesex,  
UB5 4LZ

Tel: 020 8422 3181

Website: [www.meadowviewsurgery.com](http://www.meadowviewsurgery.com)

Date of inspection visit: 13 July 2017

Date of publication: 03/08/2017

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 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	4

### Detailed findings from this inspection

Our inspection team	6
Background to Meadow View Surgery	6
Why we carried out this inspection	6
How we carried out this inspection	6
Detailed findings	8

## Overall summary

### Letter from the Chief Inspector of General Practice

This is a focused desk top review of evidence supplied by Meadow View Surgery, for areas within the key question well-led. This review was completed on 13 July 2017.

Upon review of the documentation provided by the practice, we found the practice to be good in providing well-led services. Overall, the practice is rated as good.

The practice was previously inspected on 15 November 2016. The inspection was a comprehensive inspection under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (HSCA). At the inspection, the practice was rated overall as 'good'. However, within the key question well-led an area was identified as 'requires improvement', as the practice was not meeting the legislation in respect of good governance. The practice was issued a requirement notice under Regulation 17, good governance.

At the inspection in November 2016 we found the provider did not have a strategy to deliver the practice vision, policies & procedures were not in all cases up to date and there was no program of quality improvement including clinical audit to drive improvement in patient outcomes.

The practice supplied an action plan and a range of documents which demonstrated they are now meeting the requirements of Regulation 17 good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These improvements have been documented in the well-led section, showing how the registered person has demonstrated continuous improvement since the full inspection.

**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. This rating was given following the comprehensive inspection in November 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



### Are services effective?

The practice is rated as good for providing effective services. This rating was given following the comprehensive inspection in November 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



### Are services caring?

The practice is rated as good for providing caring services. This rating was given following the comprehensive inspection in November 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. This rating was given following the comprehensive inspection in November 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



### Are services well-led?

The practice is rated as good for providing well-led services. At our inspection in November 2016 we found the provider did not have a strategy to deliver the practice vision, policies & procedures were not in all cases up to date and there was no program of quality improvement including clinical audit to drive improvement in patient outcomes.

At this inspection the practice provided evidence that they had reviewed their vision and values and they had implemented a strategy to deliver it. We also saw evidence that all the practices policies and procedures had been reviewed and a program of quality improvement implemented.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people. This rating was given following the comprehensive inspection in November 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



### People with long term conditions

The practice is rated as good for the care of people with long term conditions. This rating was given following the comprehensive inspection in November 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. This rating was given following the comprehensive inspection in November 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



### 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). This rating was given following the comprehensive inspection in November 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



### People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. This rating was given following the comprehensive inspection in November 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



# Summary of findings

## People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). This rating was given following the comprehensive inspection in November 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



# Meadow View Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

A CQC inspector who reviewed and analysed the documentary evidence submitted.

## Background to Meadow View Surgery

Meadow View Surgery is based at 141 Mandeville Road, Northolt, Middlesex, UB5 4LZ and it provides primary medical services through a General Medical Services (GMS) contract to approximately 5,400 patients living in the surrounding areas of Northolt, Greenford, South Harrow, Southall and Ruislip (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of Ealing Clinical Commissioning Group (CCG). The practice serves a higher proportion of patients between the ages of 0-14 and 30-44, when compared to the national average. The practice population is of mixed ethnicity with a large proportion of patients speaking Tamil.

The practice staff comprise of a female GP partner, a male GP partner, a regular locum GP, a nurse, a healthcare assistant, a practice manager and a small team of reception / administration staff. The GP partners work 16 sessions in total and the locum GP works two hours per day over three days.

The practice is open Monday to Friday from 8am to 6.30pm with the exception of Thursday where the practice closes at 1.30pm. Extended hours appointments are offered on Tuesday and Wednesday to 8pm.

The provider is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder and injury, and maternity and midwifery services.

Services provided by the practice include childhood and travel immunisations, family planning, smoking cessation, long-term condition management and cervical screening.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme on 15 December 2016. This inspection was a planned focused desk top review to check whether the provider had taken the required action and was now meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, now amended by the current legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## How we carried out this inspection

At the inspection in December 2016, we found that the practice required improvement in the well-led domain. Following the inspection the practice supplied an action plan with timescales telling us how they would ensure they met Regulation 17 good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In line with their agreed timescale the practice

## Detailed findings

supplied a range of documentary evidence to demonstrate how they had improved their practices in respect of good governance. We reviewed this information and made an assessment of this against the regulations.

# Are services safe?

## Our findings

Please note this is a focused desk top review of well-led care and treatment under the key question well-led. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following website:

<http://www.cqc.org.uk/search/services/doctors-gps>



# Are services effective?

(for example, treatment is effective)

## Our findings

Please note this is a focused desk top review of well-led care and treatment under the key question well-led. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following website:

<http://www.cqc.org.uk/search/services/doctors-gps>

## Are services caring?

### Our findings

Please note this is a focused desk top review of well-led care and treatment under the key question well-led. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following website:

<http://www.cqc.org.uk/search/services/doctors-gps>

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

Please note this is a focused desk top review of well-led care and treatment under the key question well-led. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following website:

<http://www.cqc.org.uk/search/services/doctors-gps>

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

At the inspection in November 2016 we found the provider did not have a strategy to deliver the practice vision, policies & procedures were not in all cases up to date and there was no program of quality improvement including clinical audit to drive improvement in patient outcomes.

At this inspection the practice provided evidence that they had reviewed their vision and values and they had

implemented a strategy to deliver it. We also saw evidence that all the practices policies and procedures had been reviewed and a program of quality improvement implemented. We were provided with evidence of a number of clinical audits initiated since our November 2016 inspection. These included prescribing audits for asthma and antibiotics and audits triggered by Medicines & Healthcare Regulatory Agency (MHRA) alerts.