

# Shepherds Bush Medical Centre

## 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

Inadequate 

Are services safe?	Inadequate 
Are services effective?	Inadequate 
Are services caring?	Requires improvement 
Are services responsive?	Requires improvement 
Are services well-led?	Inadequate 

# Overall summary

We carried out an announced comprehensive inspection at Shepherd's Bush Medical Centre on 22 January 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 inadequate overall.

We rated the practice as inadequate for providing safe services because:

- The practice did not have clear systems and processes to keep patients safe.
- Receptionists had not been given guidance on identifying deteriorating or acutely unwell patients. They were not aware of actions to take in respect of such patients.
- The practice did not have appropriate systems in place for the safe management of medicines.
- The practice did not learn and make improvements when things went wrong.

We rated the practice as inadequate for providing effective services because:

- There was limited monitoring of the outcomes of care and treatment.
- The practice was unable to show that staff had the skills, knowledge and experience to carry out their roles.
- The practice was unable to show that it always obtained consent to care and treatment.
- There was evidence that insufficient clinical hours and a lack of systematic risk assessments across patient population groups were having a direct impact on patient care and some performance data was significantly below local and national averages.
- We did not see evidence of how GP and nursing staff hours were effectively managed during annual leave and sickness and when the service was under pressure due to patient demand.

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

- The practice was unable to demonstrate effective systems and processes to keep people safe.
- There are inadequate systems and processes in place to be assured of the quality and safety of the service being provided.
- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care.
- While the practice had a clear vision, that vision was not supported by a credible strategy.
- The practice culture did not effectively support high quality sustainable care.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice did not always act on appropriate and accurate information.
- We saw no evidence of systems and processes for learning, continuous improvement and innovation.

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

- The practice had limited systems in place to identify carers, including young carers', and provide relevant support.
- Patients made positive comments about the care and treatment they received.
- Patients could generally access care and treatment in a timely way, although appointment times with GPs' were limited.
- Staff mostly dealt with patients with kindness and respect and involved them in decisions about their care.

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

- The practice provided evidence of multi-disciplinary work to coordinate end of life care.
- All patients had a named GP who supported them in whatever setting they lived, and conducted home visits when required.

# Overall summary

The areas where the provider must make improvements are:

- 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).

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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

<b>Older people</b>	<b>Inadequate</b> 
<b>People with long-term conditions</b>	<b>Inadequate</b> 
<b>Families, children and young people</b>	<b>Inadequate</b> 
<b>Working age people (including those recently retired and students)</b>	<b>Inadequate</b> 
<b>People whose circumstances may make them vulnerable</b>	<b>Inadequate</b> 
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Inadequate</b> 

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included GP and practice manager specialist advisers.

## Background to Shepherds Bush Medical Centre

Shepherd's Bush Medical Centre is located at 336 Uxbridge Road, Shepherds Bush, London, W12 0PT. There are good transport links by rail and bus and there is a pharmacy located nearby. The practice operates from a converted Victorian house which is leased from a previous GP partner and managed by the current GP partners. The building is set over three floors with stair access only. There are two rooms non-clinical in the basement, one on the ground floor and two on the first floor. The reception and waiting area are on the ground floor with wheelchair access to the entrance of the building. There are toilet facilities on the ground floor. There is pre-payable off street parking in the surrounding area.

We previously inspected this practice on two occasions, in October 2014, and the practice was rated as requires improvement overall. We rated the five domains as safe: inadequate, well led, effective and responsive: requires improvement, caring: good and requires improvement across all patient population groups. Following our inspection in December 2016, the practice was rated as good across all domains and patient population groups.

The full comprehensive reports of the previous inspections can be found by selecting the 'all reports' link for Shepherds Bush Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

The practice provides NHS primary care services to approximately 3426 patients, and operates under a General Medical Services (GMS) contract. In addition, the practice holds a Directed Enhanced Services Contract. This is a contract between general practices and NHS England for delivering services to the local community. The practice is part of the Hammersmith and Fulham GP Federation and the NHS North West London Clinical Commissioning Group (CCG).

The provider was registered with CQC in April 2013 to deliver the following Regulated Activities: diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury.

The practice consists of two male GP partners working six sessions per week each. There are currently no female GP's employed at the practice. They are supported by one full time practice nurse who works nine sessions per week, a practice manager and five administration staff.

The practice population is in the third most deprived decile in England. There are higher than average numbers of patients in the 25 to 44 age range, with the number of people over the age of 75 lower than the national average.

Information published by Public Health England, rates the level of deprivation within the practice population group as three, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice reception is open Monday to Friday between 8.00am-6.30pm. Patients may book appointments by telephone, online or in person. Extended hours services are available at three practices across the borough in the evening between 6.30pm-8.00pm or at the weekend. During the practice's opening hours, patients can call and ask to book an appointment at one of these sites for an evening or weekend appointment.

When the practice is closed, patients are directed to contact the local out of hours service and NHS 111. Out of

hours services are provided by London Central and West and contact details are communicated in a recorded message accessed by calling the practice when it is closed, or by accessing the information on the practice website.

Patients can book appointments up to 4 weeks in advance using online services. Alternatively, appointments may pre-booked up to three weeks in advance, in person or by telephone.

On Saturdays, at all sites, pre-bookable practice nurse appointments are available which can be booked through the practice. Information is available on the practice website regarding GP extended hours services open to all patients in the borough running 7 days a week in Hammersmith and Fulham.

This section is primarily information for the provider

## Enforcement actions

### 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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Warning Notice issued.</b></p> <p><b>Care and treatment must be provided in a safe way for service users</b></p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• The provider lacked a fundamental understanding around the safeguarding of vulnerable people.</li><li>• The provider could not demonstrate safe arrangements in place for the safe management of medicines. This included arrangements to monitor the systematic provision of structured medicines reviews for patients on multiple medicines; patients who are prescribed high risk medicines; regular prescribing audits including controlled drugs and of all prescribers and emergency medicines.</li><li>• The provider did not have effective arrangements in place for the monitoring and security of prescriptions pads and computer prescription paper when they were distributed through the practice.</li><li>• The provider had not reviewed its infection prevention and control practices to ensure they were safe and in line with national guidance.</li><li>• Risk assessments had not been operated effectively, in particular, the fire safety risk assessment had outstanding action points since July 2018.</li><li>• The provider did not ensure that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely.</li><li>• The provider did not have an embedded system to manage patient safety alerts.</li></ul>

This section is primarily information for the provider

## Enforcement actions

- The provider had not ensured that all non-clinical staff were trained in identifying deteriorating or acutely unwell patient's suffering from potential illnesses such as sepsis.

This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

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

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**Warning Notice issued.**

**How the regulation was not being met:**

There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.

**In particular we found:**

- Governance arrangements lacked clarity. The arrangements regarding practice policies, staff training and risk assessments were not operated effectively, for example, the chaperone policy did not contain appropriate information and were not reviewed on an annual basis. Staff had undertaken training but this had been ineffective.
- The provider did not have a system and policy in place to safely manage 2 week wait referrals and test results.
- The provider's process for learning from significant events and complaints did not lead to timely and effective improvement.
- The practice did not yet have embedded systems of continuous improvement and clinical oversight to ensure that patient care was provided in line with best practice.
- Insufficient clinical staffing had an impact on patient care, for example, lack of systematic assessments to identify patients at risk from long term conditions.

This section is primarily information for the provider

## Enforcement actions

- The follow up system to improve quality outcomes for patients was ineffective, in particular for cervical cancer screening and childhood immunisations.
- The provider did not have a system or policy in place for monitoring and following up patients with poor mental health. For example those who failed to attend an appointment or failed to collect their medicines.
- Access to services for those patients with additional communication needs was insufficient, for example the practice did not have a hearing loop for those people who are hard of hearing.
- Arrangements to keep patient information safe were ineffective, for example, smartcard was noted to have been left in situ with patient information on display.
- The provider had failed to display information in particular, to ensure patients' have access to information for GP services when the practice is closed and to inform patients that CCTV is used in the practice building.

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