

Albany Practice

Inspection report

Brentford Health Centre
Boston Manor Road
Brentford
TW8 8DS
Tel: 02086303838

Date of inspection visit: 24 September 2020 and 14
October 2020
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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 to people's needs?	Inadequate	
Are services well-led?	Inadequate	

Overall summary

We carried out an announced comprehensive inspection at Albany Practice on 24 September and 14 October 2020.

This report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. We requested information from the provider on 11 September 2020, undertook a remote clinical records review and desk-based inspection on 24 September, and a short on-site visit at the practice premises on 14 October 2020. As part of the desk-based inspection a GP specialist advisor and a member of the CQC medicines team spoke with the Lead GP and two clinical pharmacists by telephone and we reviewed documentary evidence submitted by the practice.

The practice was previously inspected on 09 October 2019. Following this inspection, the practice was rated requires improvement overall and in all key questions and patient population groups. We issued requirement notices for breaches of Regulation 12 (safe care and treatment) and Regulation 17 (good governance).

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
- The practice did not have appropriate systems in place for the safe management of medicines, including those which require additional monitoring
- Safeguarding systems and processes including training for staff
- Recruitment checks
- Not all staff had been given guidance on identifying deteriorating or acutely unwell patients
- The practice did not learn and make improvements when things went wrong

We found the provider had made some improvements regarding:

- The management of medicines used to treat auto immune conditions
- Emergency medicines and equipment
- Cold chain management
- Infection prevention and control
- A safe system to monitor uncollected prescriptions.
- The management of patient group directions (PGDs).

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

- The practice was unable to show that clinical staff had the skills, knowledge and experience to carry out their roles
- Clinical supervision for staff
- Appraisals for clinical staff

These inadequate areas impacted all population groups and so we have rated all population groups as inadequate.

Overall summary

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

- There was a lack of effective action to address deteriorating results in the national GP patient survey indicators, which had deteriorated since our last inspection.
- Patients were not always given appropriate information in a timely way.

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

- There was a lack of effective action to address deteriorating results in the national GP patient survey indicators, which had deteriorated since our last inspection and were considerably below local and national averages.
- We did not see evidence of a complaints policy or that complaints were used to drive continuous learning and improvement.

These inadequate areas impacted all population groups and so we have rated all population groups as inadequate.

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

- Leaders could not show that they had the capacity and skills to deliver high quality, sustainable care.
- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- We saw little evidence of systems and processes for learning, continuous improvement and innovation.

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).

The areas where the provider **should** make improvements are:

- Continue to undertake regular fire drills in accordance with the legislation.
- Continue to maintain oversight regarding risk assessments and follow up action points undertaken by property services.
- Continue to undertake and document regular internal infection prevention and control audits.

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.

Overall summary

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

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The remote inspection team included a GP specialist advisor and a member of the CQC medicines team. The team who attended the on-site visit comprised two CQC inspectors and a GP specialist advisor.

Background to Albany Practice

Albany Practice is located within Brentford Health Centre, Boston Manor Road, Brentford, London TW8 8DS. There are good transport links with tube stations and bus services nearby.

The practice provides NHS services through a general medical services (GMS) contract to patients. This is a contract between general practices and NHS England for delivering services to the local community. It is part of a local network of GP practices called the Brentford and Isleworth primary care network (PCN).

We have inspected the provider on two previous occasions. At our first inspection in January 2016 we rated the provider as being good overall, good in all key questions and for all patient population groups. Following an annual regulatory review (ARR) we undertook an inspection on 09 October 2019. At this inspection, we rated the provider as requires improvement overall, requires improvement in all key questions and for all patient population groups.

The full comprehensive report of the previous inspection can be found by selecting the 'all reports' link for Albany Practice on our website at www.cqc.org.uk.

The clinical team at the surgery is made up of two GP partners and two salaried GPs, an advanced nurse practitioner, two practice nurses, three healthcare assistants, a female pharmacy technician and male pharmacist. The non-clinical practice team consists of a business manager, administrative manager and administrative and reception staff.

The practice provides NHS primary care services to approximately 6836 patients. The practice is part of the Hounslow GP Federation and the Hounslow Clinical Commissioning Group (CCG).

The practice was registered with the Care Quality Commission in April 2013 to carry out the following regulated activities: diagnostic and screening procedures, treatment of disease, disorder or injury, maternity and midwifery service, surgical procedures and family planning.

The practice population is in the fourth most deprived decile in England. Public Health England rates the level of deprivation 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-Friday between 8:00am-6:30pm and on Saturday between 9:30am to 1:30pm and appointments are available to patients between these times. Patients may book appointments by telephone, online or in person.

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 Care UK 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 four weeks in advance online, in person or by telephone. Extended hours services are available at two practices across the borough between Monday to Friday between 6.30pm-8.00pm and 8.30am-8.30pm on Saturday. During the practice's opening hours, patients may request to book an appointment at one of these sites for an evening or weekend appointment. Information is available on the practice website regarding GP extended hours services open to all patients in the borough running seven days a week in Hounslow.

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 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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>We imposed urgent conditions under s.31 of the HSCA 2008.</p> <p>Care and treatment must be provided in a safe way for service users</p> <ul style="list-style-type: none">• The provider failed to ensure they had appropriate clinical oversight, leadership and governance in place to safely manage care for patients.• The provider failed to manage medicines in a safe effective way.• The provider failed to manage medicines reviews in a safe effective way.• The provider failed to provide safe care and treatment to patients.• The provider failed to ensure that cervical screening services were safety netted.• The provider failed to ensure that clinical staff had the necessary qualifications and competencies to meet the patient's individual needs.• The provider failed to provide a system of clinical supervision for clinical staff.• The provider failed to ensure that patient safety alerts, including drug safety updates were managed in a safe effective way.• The provider failed to ensure that safeguarding systems were managed in a safe effective way.• The provider failed to ensure they had a safe effective system in place to screen appointments for advanced nurse practitioners and clinical pharmacists.• The provider failed to ensure that clinical staff, who undertake services for patients at Albany Practice, which are not covered by the Crown indemnity scheme, have valid medical indemnity insurance in place.• The provider failed to ensure that test results, clinical letters and other correspondence were safely and effectively managed within an appropriate time period.