

Pearl Medical Practice





Inspection report

116 Chaplin Road
Wembley
HA0 4UZ
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Date of inspection visit: 15 September 2021
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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?	Good	
Are services effective?	Requires Improvement	
Are services well-led?	Requires Improvement	

Overall summary

We carried out an announced focused inspection at Pearl Medical Practice on 15 September 2021. Overall, the practice is rated as Requires Improvement.

Safe - Good

Effective - Requires Improvement

Well-led - Requires Improvement

Following our previous inspection on 18 February 2020, the practice was rated Requires Improvement overall and for key questions safe and well led, and good for providing effective, caring and responsive services.

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

Why we carried out this inspection

This inspection focused inspection to follow up on breaches of Regulation 12 Safe care and treatment and Regulation 17 Good governance. At the previous inspection we found:

- The provider had not undertaken risk assessments to ensure the health and safety of staff and people using the service.
- Systems and processes to ensure good governance in accordance with the fundamental standards of care required had not always identified the shortfalls within the service.

We also followed up on areas we identified the practice should improve at the last inspection. Specifically:

- Continue to review and improve the uptake of cervical screening and the childhood immunisation programme.
- Review staff's understanding of the duty of candour.

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 and RI for all population groups.

We found that:

- Policies were monitored, reviewed and updated.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic.
- Staff dealt with patients with kindness and respect.
- The practice proactively sought feedback from patients, which it acted on.
- There was evidence of quality improvement activity.

We found a breach of regulations. The provider **must**:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

We also found the provider **should**:

- Continue to consider ways to improve uptake for cervical screening and childhood immunisations.
- Ensure that all staff are aware of who their Freedom to Speak Up Guardian is and how they can be contacted.
- Continue to consider ways to improve data not consistent with national targets, including diabetes and antibiotic prescribing.

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

Our inspection team

Our inspection team was led by a CQC lead inspector and a second CQC 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 Pearl Medical Practice

Pearl Medical Practice is located in London at:

Pearl Medical Practice,

Wembley Centre for Health & Care,

Ground Floor, 116 Chaplin Road, HA0 4UZ

The practice operates on the ground floor of a purpose-built medical facility which was shared with other healthcare providers, including another GP practice. The practice has access to four clinical rooms and shared the reception and waiting area with a neighbouring GP practice.

The practice holds a General Medical Services (GMS) contract with NHS Brent Clinical Commissioning Group (CCG) and provides services to approximately 4,900 patients. The practice is registered as an individual with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder or injury and maternity and midwifery services. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices, Harness North Primary Care Network (PCN).

Information published by Public Health England rates the level of deprivation within the practice population group as five on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Data shows that almost 79% of patients at the practice area were from Black and Minority Ethnic (BME) groups.

The practice has one shared reception area, a records area, one nurse clinical room, three GP clinical rooms and a practice office which houses a small kitchenette. There are two staff toilets and both male and female toilets as well as a baby changing area and a toilet for disabled people.

The practice team currently consists of female lead GP, a female salaried GP and a male salaried GP (totalling 16 clinical sessions per week), two long term locum GPs, a part-time practice nurse and part-time healthcare assistant. A pharmacist is allocated to the practice two sessions per week from the PCN. They clinical team are supported by a practice manager and four administration and reception staff.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations. If the GP needs to see a patient face-to-face then the patient is offered a choice of either the main GP location or the local GP Hub, Wembley Centre for Health and Care.

Extended access is provided locally by the local GP Hubs, 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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider had not ensured that effective systems and processes were in place to ensure good governance in accordance with the fundamental standards of care. In particular, we found that governance systems had failed to identify that:</p> <ul style="list-style-type: none">• There were gaps in risk assessments and actions identified from risk assessments had no completion date set.• Patient records were not updated when monitoring had been done by secondary care or other services. Patients were not given a copy of their DNACPR and it was not saved in their patient notes also. <p>The provider had failed to ensure:</p> <ul style="list-style-type: none">• There was regular oversight of clinical staff to ensure continuing prescribing competence and safe care and treatment was delivered to patients.• Policies and procedures identified challenges in delivering safe care and treatment and that action plans had been put in place to address these challenges. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>