

Hesa 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		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	

Overall summary

We carried out an announced inspection at Hesa Medical Centre on 23 September 2021. Overall, the practice is rated as Good.

Safe - Good

Effective - Good

Caring - Good

Responsive - Good

Well-led - Good

Following our previous inspection on 27 January 2021 the practice was rated Requires Improvement overall and for the Safe, Effective and Well-led key questions and Good for being Caring and Responsive.

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

Why we carried out this inspection

This was a focused inspection to follow up on:

- The Safe, Effective and Well-led key questions.
- The breach of regulation 17HSCA 2014 (good governance) and the areas where we previously said the practice should review and improve.
- This inspection did not include a review of the Caring and Responsive key questions. The rating of Good for those key questions was carried forward from the previous inspection.

How we carried out the inspection/review

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.
- Sending surveys to staff to complete and return by email.

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 Good overall

We found that:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm. Previous concerns around staff recruitment, supervision of clinical staff, the management of patients on high risk medicines and patient safety alerts had been addressed.
- Patients received effective care and treatment that met their needs. Previous concerns around the management of diabetic patients had been addressed and positive steps had been taken to improve performance around childhood immunisation and cervical cancer screening rates.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care. Previous concerns around the monitoring of the practices safety and governance processes had been addressed.

Whilst we found no breaches of regulations, the provider **should**:

- Review and improve the provision of time during work hours for staff to undertake mandatory training required for their role.
- Review and improve opportunities for staff to develop their careers.

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	Good	
Families, children and young people	Good	
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 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 Hesa Medical Centre

Hesa Medical Centre provides GP led primary care services to around 14,500 patients living in Hayes, Middlesex, on the outskirts of London. The practice occupies the ground floor of a large, three storey, purpose built health centre called Hesa Primary Care Centre which is owned and operated by the NHS. The other floors are occupied by other services including speech and language therapy, sexual health and tissue viability services.

The health centre is located on a busy main road in a commercial and residential area with easy access to public transport. The practice is situated within North West London Clinical Commissioning Group (CCG) and delivers services under an Alternative Provider Medical Services (APMS) contract held with NHS England.

The practice is part of a wider network of nine GP practices called Hayes and Harlington Collaborative Network.

The practice is run by three partners (two male, one female) who lead a clinical team comprising of five salaried GPs (two male, three female) and two long-term locum GPs (one male, one female). Four of the GPs worked full time (ten sessions) and three worked part time (eight sessions). There were also four advanced nurse practitioners (ANP) (all part time), two practice nurses (both part time), one physician's associate (AP) (full time), three healthcare assistants (full time), one phlebotomist and one pharmacist and a team of reception/administrative staff.

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

The practice was open between 8am to 8pm on Mondays to Fridays. Patients also had access to evening and weekends appointments at a local GP hub. The out of hours services are provided by an alternative provider. The details of the 'out of hours' service were communicated in a recorded message accessed by calling the practice when closed and details can also be found on the practice website. 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 branch surgery.

Information published by Public Health England shows that deprivation within the practice population group is in the fourth lowest decile (four 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 41% Asian, 37% White, 14% Black, 4% Mixed and 4% Other.