

The Stanmore Medical Centre

Inspection report

85 Crowshott Avenue
Stanmore
HA7 1HS
Tel: 02089513888

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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?	Requires Improvement	
Are services well-led?	Good	

Overall summary

We previously carried out an announced comprehensive inspection at The Stanmore Medical Centre on 25 April 2019. The overall rating for the practice was requires improvement, with the exception of key question Effective which was rated good. The full report on the 25 April 2019 inspection can be found by selecting the 'all reports' link for The Stanmore Medical Centre on our website at www.cqc.org.uk.

Set out the ratings for each key question

Safe - Good

Effective - Good

Caring – Good

Responsive – Requires improvement

Well-led - Good

This inspection was an announced comprehensive follow-up inspection carried out on 3 August 2021 to confirm that the practice continued to make improvements on areas that we had identified at our previous inspection held on 25 April 2019. This report covers our findings in relation to those improvements and also additional improvements made since our last inspection. 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.

Why we carried out this inspection

This inspection was a comprehensive follow-up inspection to review progress against previous breaches of regulation

- The practice did not have clear systems and processes to keep patients safe. This included recruitment checks, staff immunisations, equipment checks, fire and health and safety, infection control and mandatory staff training.
- The processes in place to protect patients from avoidable harm required improvement. This was in relation to the timely review of pathology results, significant events and near misses.
- Not all staff had received training 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 medical gases, medicines and prescriptions.
- The practice was unable to demonstrate what action had been taken to improve patient experience in relation to listening to patients and treating them with care and concern.
- Patients did not always receive timely access to the practice.
- There was limited evidence to show what learning took as a result of complaints.
- Leaders could not always demonstrate that they had the capacity and skills to deliver high quality, sustainable care.
- The overall governance arrangements were ineffective.
- The systems for continuous learning and improvement were not always implemented effectively.

How we carried out the inspection

Overall summary

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

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.

At this inspection we found there had been sufficient improvement to rate the safe, effective, caring and well-led key questions good, however responsive would remain as requires improvement as the practice had not improved patient experience in relation to accessing appointments and services. The ratings for the practice is now good overall.

We found that:

- The practice had developed systems and processes to keep patients safe. This included recruitment checks, staff immunisations, equipment checks, fire and health and safety, infection control and mandatory staff training.
- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- All staff had received training on identifying deteriorating or acutely unwell patients and had had Sepsis training, there were posters in reception and clinical rooms.
- The systems and arrangements for managing medicines, including vaccines, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use.
- The practice was able to demonstrate what action had been taken to improve patient experience in relation to listening to patients and treating them with care and concern.
- Patient survey results however were still lower than local and national averages for access to services..
- Privacy screens were available in all clinical rooms.
- Due to patient feedback the service had installed a new telephone system, increased the amount of administration and reception staff and introduced an online triage system to augment the existing telephone triage.
- Leaders could demonstrate that they had the capacity and skills to deliver high quality, sustainable care.
- The practice had a clear vision, that vision was supported by a credible strategy. The service had made several improvements to improve patient care in the last 12 months.

Overall summary

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate, we reviewed the recruitment and training files for five members of staff and found that all of the recommended checks and training had been completed.
- All staff received up-to-date safeguarding and safety training appropriate to their role.
- The service used information about care and treatment to make improvements. The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients.

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

- Continue to review and improve the uptake of cervical screening and the childhood immunisation programme.
- Continue to improve and review the management of complaints.
- Continue to review the National GP Patient Survey results and make improvements with patient satisfaction with accessing services.

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

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 The Stanmore Medical Centre

The Stanmore Medical Centre is located at 85 Crowshott Avenue, Stanmore, Stanmore, HA7 1HS.

The branch surgery is located at Stanmore Park Medical Centre, William Drive, Stanmore, HA7 1HS. The branch surgery at William Drive was not visited as part of the inspection. The surgery has good transport links and there is a pharmacy located nearby.

The provider is registered with CQC to deliver the Regulated Activities;

- Diagnostic and screening procedures,
- Family planning,
- Maternity and midwifery services,
- Surgical procedures
- Treatment of disease, disorder or injury.

The practice is located within the Harrow Clinical Commissioning Group (CCG) and provides services to 13,748 patients under the terms of a general medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The Stanmore Medical Centre provides primary medical services to approximately 13,748 patients living in Harrow. This includes 180 patients looked after in seven homes exclusively by the practice.

Information published by Public Health England, rates the level of deprivation within the practice population group as eight, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 83 years compared to the national average of 79 years. Female life expectancy is 86 years, compared to the national average of 83 years.

Information from Public Health England states that 49% of the practice population is a White background with a further 38% of the population originating the Asian background. The practice has a higher than the national average number of patients below 18 years of age and a lower than the national average number of patients below four years of age.

The practice team comprises of 4 GP partners (3 female.1 male), 6 male and 2 female salaried GPs who provide a combination of 49 clinical sessions, 2 practice nurses, 2 enhanced nurses, a phlebotomist and healthcare assistant. Also employed is a practice managers and 20 reception and administration team members. The practice also employs a regular locum nurse and a clinical pharmacist. The practice is also registered as a training practice, with an intake of registrars and Foundation Year two (FY2) doctors. The practice was also part of the Health Alliance Primary Care network of five practices.

The practice opening hours are between 8.00am and 6.30pm on Monday to Friday at Crowshott Avenue. The opening hours for William Drive are between 8.30am and 2.00pm on Monday, Wednesday and Friday and between 8.30am and 6.30pm on Tuesday and Thursday. Extended hours at William Drive are between 6.30pm and 8.00pm on Tuesday and between 9.00am and 10.30am on alternate Saturdays. The out of hours services is provided by Care UK.

Services provided include chronic disease management, phlebotomy, child health surveillance, joint injections and cryotherapy, sexual health counselling and family planning services, ECG monitoring, spirometry, depot injections, TB screening service and cervical screening.