Park Royal Medical Practice

Inspection report

Central Middlesex Hospital
Ground Floor, Acton Lane
London
NW10 7NS
Tel: 02089611183
www.parkroyalmedicalpractice.nhs.uk

Date of inspection visit: 07 October 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?	Requires Improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires Improvement

Overall summary

We carried out an announced inspection at Park Royal Medical Practice on 7 October 2021. Overall, the practice is rated as requires improvement.

Safe - Requires improvement.

Effective - Good

Caring - Good

Responsive - Good

Well-led - Requires improvement.

Following our previous inspection on 30 April 2019, the practice was rated requires improvement overall and for the key questions safe, effective and well-led but good for providing caring and responsive services.

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

Why we carried out this inspection

This inspection was a comprehensive inspection to follow up on breaches of regulation and areas of concern identified at our previous inspection. We looked at all five key questions.

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.

Our findings

We based our judgement of the quality of care at this service on a combination of:

- What we found when we inspected.

Overall summary

- Information from our ongoing monitoring of data about services.
- Information from the provider, patients, the public and other organisations.

We have rated this practice as Requires Improvement overall.

We found that:

- The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.
- The practice had systems to manage risk so that safety incidents were less likely to happen. However, the systems for the appropriate and safe use of medicines were not always effective and required improvement.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care. The practice had attempted to address areas of low satisfaction by offering staff training.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. The practice premises had been used as a vaccination centre for the locality since December 2020.
- The practice had identified telephone access as an area of low patient satisfaction and had made improvements so that patients could access care and treatment in a timely way.
- The practice was under new management since the last inspection in 2019. Leaders had a realistic strategy to achieve most key priorities. However, there were not always clear and effective processes for managing risks.

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

- Ensure that care and treatment is provided in a safe way.

(Please see the specific details on action required at the end of this report).

In addition to the above, the practice **should**:

- Continue to review patient and staff feedback and engage with the PPG in relation to access and customer service at reception.

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

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 Park Royal Medical Practice

Park Royal Medical Practice is located in Park Royal (West London) at:

Central Middlesex Hospital

Ground Floor

Acton Lane

London

NW10 7NS

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury.

The practice is situated within the Brent Clinical Commissioning Group (CCG) and delivers Alternative Provider Medical Services **(APMS)**to a patient population of about 8,200. This is part of a contract held with NHS England.

The practice is part of a wider network of nine GP practices known as Harness South Primary Care Network.

Information published by Public Health England shows that deprivation within the practice population group is in the second lowest decile (two 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 36% White, 32% Black, 20% Asian, 6% Mixed, and 6% Other.

There is a lead GP who is supported by six salaried GPs, three practice nurses, a health care assistant, a practice manager, two administrators and seven receptionists.

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 an appointment at the practice.

Extended access is provided locally at hub locations, where late evening and weekend appointments are available.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: • Five patients with hypothyroidism had not received the appropriate monitoring prior to a prescription being issued. • Five patients prescribed ACE/ARB drugs had not received the appropriate monitoring prior to a prescription being issued. • Two patients with diabetes had not been referred for eye screening. • Two patients prescribed higher than expected numbers of short-acting beta2 agonist (SABA) inhalers did not have a diagnosis of COPD. This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.