

# Grosvenor House Surgery

## Inspection report

Grosvenor House  
147 The Broadway, West Ealing  
London  
W13 9BE  
Tel: 02087992525  
[www.grosvenorhousesurgery.nhs.uk](http://www.grosvenorhousesurgery.nhs.uk)

Date of inspection visit: 4 August 2022  
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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?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Requires Improvement



# Overall summary

We carried out an announced comprehensive inspection at Grosvenor House Surgery on 4 August 2022. Overall, the practice is rated as **Requires Improvement**.

The key questions are rated as:

Safe - Requires improvement

Effective - Requires improvement

Caring - Good

Responsive - Requires improvement

Well-led - Requires improvement

Following our previous inspection on 11 October 2016, the practice was rated good overall and for all key questions.

The full reports for previous inspections can be found by selecting the 'all reports' link for Grosvenor House Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## Why we carried out this inspection

We undertook this inspection as part of a random selection of services which have had a recent Direct Monitoring Approach (DMA) assessment where no further action was needed to seek assurance about this decision and to identify learning about the DMA process.

At this inspection we covered all key questions:

- Are services safe?
- Are services effective?
- Are services caring?
- Are services responsive?
- Are services well-led?

## How we carried out the inspection

Throughout the pandemic, CQC has continued to regulate and respond to risk. At this inspection, we visited the practice which included:

- Conducting staff interviews
- 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

## Our findings

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

# Overall summary

- 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 found:

There was a lack of good governance in most areas.

- Our clinical records searches showed that the practice did not always have an effective process for monitoring patients' health in relation to the use of medicines including high risk medicines.
- Risks to patients were not assessed and well managed in relation to fire safety, infection prevention and control, recruitment checks and emergency medicine.
- The practice had a system in place to manage safety alerts but it did not work effectively as we found some safety alerts were not actioned as required to ensure the safe care and treatment of patients.
- The practice did not have any formal monitoring system in place to assure themselves that blank prescription forms were recorded correctly, and their use was monitored in line with national guidance.
- The fixed electrical installation checks of the premises had not been carried out.
- The practice's uptake of the national screening programme for cervical cancer screening and childhood immunization uptake was below the national average.
- Patient treatment was not always regularly reviewed and updated.
- There was limited evidence of quality improvement activity. Clinical audits were not carried out.
- People were not able to access the telephone system in a timely manner.
- Annual appraisals were not carried out in a timely manner for some clinical and non-clinical staff.
- There were limited activities to collect patient feedback.
- The Patient Participation Group (PPG) was not active.
- Feedback from patients was positive about the way staff treated people and they said they felt actively involved in decisions about care and treatment.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic.

We found three breaches of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

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

- Continue to encourage the patient for cervical cancer screening and childhood immunisation uptake.
- Establish the Patient Participation Group (PPG).

**Details of our findings and the evidence supporting our ratings are set out in the evidence tables.**

**Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

## Our inspection team

Our inspection team was led by a CQC lead inspector and included a GP specialist advisor.

They undertook a site visit and spoke with the staff and completed clinical searches and records reviews.

## Background to Grosvenor House Surgery

Grosvenor House Surgery is located in the Ealing area in West London at:

Grosvenor House

147 The Broadway

West Ealing

London

W13 9BE

We visited this location as part of this inspection activity. The practice is located in a converted property.

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 North West London Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 5840. This is part of a contract held with NHS England.

The practice is part of the South Central Primary Care Network (PCN) and Ealing GP Federation.

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 60% White, 19% Asian, 11% Black, 5% Mixed, and 5% Other.

The majority of patients within the practice are of working age. The working age practice population is slightly higher and the older people practice population is slightly lower than the national average.

There are two GP partners and two long term locum GPs. Three GPs are female and one is male, who work a total of 21 GP clinical sessions per week on average. The practice employs two practice nurses, a nurse associate and a phlebotomist (a person who is trained to take a blood sample from a patient). The practice manager is supported by a team of administrative and reception staff. In addition, four clinical pharmacists (one employed by the practice and three employed by the primary care network) are offering sessions at the practice.

The practice is open between 8am to 6.30pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by the CCG, where late evening and weekend appointments are available. Out of hours services are provided by London Central and West Unscheduled Care Collaborative (LCW UCC).

## 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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The provider 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, we found:</p> <ul style="list-style-type: none"><li>• Our clinical records searches showed that the practice did not always have an effective process for monitoring patients' health in relation to the use of medicines including high risk medicines.</li><li>• The practice had a system in place to manage safety alerts but it did not work effectively as we found some safety alerts were not actioned as required to ensure the safe care and treatment of patients.</li><li>• Most of the emergency medicines were in stock except diazepam (used to treat epileptic fits).</li></ul> <p>This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
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>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p>

## Requirement notices

The provider had not done all that was reasonably practicable to assure systems and processes were established and operated effectively to ensure compliance with requirements to demonstrate good governance.

In particular, we found:

- There was a lack of good governance in most areas.
- The fixed electrical installation checks of the premises had not been carried out.
- There were limited activities to collect patient feedback.
- Risks to patients were not assessed and well managed in relation to fire safety, infection prevention and control.
- Patient treatment was not always regularly reviewed and updated.
- The practice did not have any formal monitoring system in place to assure themselves that blank prescription forms were recorded correctly, and their use was monitored in line with national guidance.
- There was limited evidence of quality improvement activity. Clinical audits were not carried out.
- People were not able to access the telephone system in a timely manner.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Diagnostic and screening procedures

Maternity and midwifery services

Treatment of disease, disorder or injury

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

#### **How the regulation was not being met:**

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed.

In particular, we found:

This section is primarily information for the provider

## Requirement notices

- Recruitment checks were not always carried out in accordance with regulations and records were not kept in staff files.
- Annual appraisals were not carried out in a timely manner for some clinical and non-clinical staff.

This was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.