

Ashchurch Medical Centre

Inspection report

134 Askew Road
Shepherds Bush
London
W12 9BP
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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 well-led?

Requires Improvement 

Overall summary

We carried out an announced focused inspection at Ashchurch Medical Centre, with the remote clinical interview on 19 October 2021 and site visit on 20 October 2021. Overall, the practice is rated as good.

Safe - Good

Effective - Good

Caring – Not rated

Responsive – Not rated

Well-led – Requires improvement

Following our previous inspection on 10 October 2018, the practice was rated Requires Improvement overall and specifically for the key questions whether the practice was providing safe, effective and well-led care. We rated the practice as good for providing caring and responsive services. We carried out a remote access focused inspection on 26 October 2020 where we looked at the safe and well-led key questions, which was not rated.

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

Why we carried out this inspection

This inspection was a focused inspection to follow up on whether:

- Care and treatment was being provided in a safe way to patients.
- There were effective systems and processes in place to ensure good governance in accordance with the fundamental standards of care.
- There were sufficient numbers of suitably qualified, competent, skilled and experienced persons deployed to meet the fundamental standards of care.

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 Good overall.

We have rated this practice as good for providing safe services because:

- The practice had made improvements to the process for managing and auditing two week wait referrals.
- There was a protocol to manage and monitor blank prescriptions.
- The premises were well managed and there were effective systems for managing staff and training records.
- Emergency medicines on site were organised, in date and effectively managed.

We have rated this practice as good for providing effective services because:

- The practice demonstrated a commitment to improving management and monitoring of patients with long-term conditions.
- The practice had worked towards providing effective care for patients during the Covid-19 pandemic.
- The practice's uptake for cervical screening remained markedly lower than the 80% coverage target for the national screening programme. The practice had also not met the 80% uptake for four of the childhood immunisation uptake indicators and had not met the 90% uptake for one of the indicators, or the WHO based national target of 95%. We did not see sufficient evidence by the practice to understand this low uptake, although the practice had started to put in place systems to address barriers to the uptake of screening and had seen an improvement in the uptake of childhood immunisations in information captured in January 2021. Please see requirement notice below.

We have rated this practice as requires improvement for providing well-led services because:

- The practice had a governance framework, however it was not always effectively managing risks. These included the risks associated with prescribing medicines that required ongoing monitoring and reviewing patients prescribed repeat or multiple medicines in line with guidelines.
- The practice was not always keeping comprehensive clinical records.
- The practice was not always appropriately managing patients with long-term conditions.
- We received feedback from the Patient Participation Group that the practice was open, sympathetic, helpful and had made its best efforts for patients during the difficult circumstances of the Covid-19 pandemic.
- The practice engaged with patients, staff and external partners to improve and develop its services.
- Staff spoke positively about their employment at the practice and felt supported.

We found breaches of regulations. The practice **must**:

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

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

Overall summary

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

- Continue to review and monitor patients with long-term conditions, including chronic kidney disease and asthma.
- Monitor and ensure appropriate reviews of patients to prevent the development of long term conditions, such as chronic kidney disease.
- Ensure that Medicines and Healthcare products Regulatory Agency (MHRA) alerts are monitored and actioned in a timely manner to protect patient safety.
- Continue to review and monitor practice policies.
- Complete the outstanding actions identified in the fire and health and safety risk assessments.

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 adviser who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Ashchurch Medical Centre

Ashchurch Medical Centre is a GP practice located in the London Borough of Hammersmith and Fulham. Services are provided from 134 Askew Road, Shepherds Bush, W12 9BP. The practice operates from a converted three storey building and there are consultation rooms, reception and waiting area on the ground floor and administration offices on the upper floors.

The practice is registered with the CQC to provide 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 provides services to approximately 4,824 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.

There is one single handed GP partner, two salaried GPs and long term locums. They are supported by two practice nurses, a healthcare assistant, practice manager and a team of administrative and reception staff. The practice is open from Monday to Friday from 8am to 6:30pm and arranges out of hours evening and weekend access for patients at three GP practices in the local area. Patients can book appointments online, over the telephone, using e-consult or in person by attending the surgery. The practice is affiliated with a primary care network.

According to the latest available data, the ethnic make-up of the practice is 65% White, 13.8% Black, 9.5% Asian, 6% Mixed and 5.6% Other ethnic groups. Information published by Public Health England rates the deprivation within the practice population as five, on a scale of one to ten. Level one represents the highest level of deprivation and ten the lowest. The majority of the practice demographic is people of working age.

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 Treatment of disease, disorder or injury Maternity and midwifery services	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>Not all systems and processes were established and operated effectively to ensure compliance with requirements to demonstrate good governance.</p> <p>In particular we found:</p> <ul style="list-style-type: none">• The system to improve cervical screening and childhood immunisations uptake was not effective as uptake remained markedly below the England average. There were not sufficient systems in place to mitigate the risks, address low uptake and barriers to the uptake of screening.• The practice did not maintain an accurate record in respect of each patient. We saw evidence that whilst medication reviews were coded, there was not sufficient detail within the medical records of the review that had taken place.• The practice had a governance framework in place, however, it was not always effective in managing risks, including the risks associated with prescribing medicines that required ongoing monitoring, reviewing patients prescribed repeat or multiple medicines in line with guidelines and management of some long-term conditions. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>