

# Dr Jedth Phornnarit

## Inspection report

Pickering House  
Hallfield Estate  
London  
W2 6HF  
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[www.garwaymedical.co.uk](http://www.garwaymedical.co.uk)

Date of inspection visit: 21 December 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?

Good



Are services well-led?

Requires Improvement



# Overall summary

We carried out an announced comprehensive inspection at Garway Medical Centre on 20-21 December 2022 and 10 January 2023. Overall, the practice is rated as requires improvement.

Safe - requires improvement

Effective – requires improvement

Caring - good

Responsive - good

Well-led - requires improvement

Following our previous inspection on 4 September 2018, 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 Dr Jedth Phornnarit on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

We carried out this inspection to follow up concerns reported to us about the way the practice was managed and a lack of clinical leadership. We carried out a comprehensive inspection at short notice and covered the five key questions in their entirety.

## How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice’s patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- 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.

We found that:

# Overall summary

- The practice had effective systems in place to manage risks in relation to safeguarding, infection control, recruitment and environmental risks.
- However, the practice did not routinely check that agency staff had completed required training before working at the practice.
- Medicines reviews were of variable quality.
- The practice was not always implementing safety alerts in line with national guidelines.
- There were systems in place to learn from incidents.
- Patients received effective care and treatment that met their needs.
- However, published practice performance in relation to childhood immunisations and cervical screening coverage rates was below expected targets. This was also noted at the practice's previous inspection.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Patients could access care and treatment in a timely way.
- The practice was not holding regular staff meetings and did not have alternative systems in place to spot issues at an early stage.
- There were gaps and anomalies in the way the practice implemented coding on the clinical system, so for example, it could not accurately count the number of patients who were carers.
- Clinical oversight of record keeping, for example in relation to medicines reviews needed improvement.
- The practice had worked hard to develop a positive working culture; address key challenges and develop the leadership team.

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

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

**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 who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor/a member of the CQC pharmacy team who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

## Background to Dr Jedth Phornnarit

Garway Medical Centre is located in London at:

Pickering House

Hallfield Estate

London

W2 6HF

The practice offers services from a single, purpose-built site.

The practice is situated within the North West London Clinical Commissioning Group Integrated Care System and delivers General Medical Services (GMS) to a patient population of about 3500. This is part of a contract held with NHS England. The practice is part of the West Hill primary care network comprising 10 GP practices in the area.

The clinical team consists of the lead GP who works full-time at the practice and who is supported by regular locum GPs. Patients can book appointments with a male or female GP. The practice employs a part-time nurse practitioner and a health care assistant. The team is supported by a practice manager and a team of reception/administration staff. Patients also have access to associated health professionals including a clinical pharmacist and a link worker at the practice who are funded by the primary care network.

Information published by Office for Health Improvement and Disparities shows that the practice population has similar income deprivation scores to the wider population in England although this masks considerable variation within the practice population and higher than average rates of mental illness, asthma, hypertension and diabetes. The local population is ethnically diverse with the largest group (over half) being white. The practice has a smaller proportion of patients aged under 20 than practices in North West London or in England as a whole. It has a higher than average proportion of working age adults and a similar proportion of older adults when compared to the English average.

Extended access is provided locally by the West London GP Federation, where evening and weekend appointments are available. Out of hours services are provided by the NHS 111 service.

The provider is registered with CQC to deliver the regulated activities: diagnostic and screening procedures; maternity and midwifery services; family planning; treatment of disease, disorder or injury; and surgical procedures.

## 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 Family planning services Maternity and midwifery services Treatment of disease, disorder or injury Surgical procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The practice was not assessing, monitoring and mitigating risks relating to the health, safety and welfare of service users; or adequately monitoring and improving the quality of the service; or maintaining an accurate, complete and contemporaneous record in respect of each service user.</p> <p>In particular:</p> <ul style="list-style-type: none"><li>• The practice did not routinely check that agency staff had completed required training before working at the practice</li><li>• Medicines reviews were of variable quality</li><li>• The practice was not always implementing safety alerts in line with national guidelines.</li><li>• There were gaps and anomalies in the way the practice implemented coding on the clinical system, so for example, it could not accurately count the number of patients who were carers.</li><li>• The practice was not holding regular staff meetings and did not have alternative systems in place to spot issues at an early stage.</li><li>• Published performance on childhood immunisations and cervical screening coverage was below target and this had been noted at the previous inspection.</li><li>• Clinical oversight of record keeping, for example in relation to medicines reviews needed improvement.</li></ul> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>