

# The Great West Surgery

## Inspection report


The Meadows Centre For Health  
Chinchilla Drive  
Hounslow  
TW4 7NR  
Tel: 0208 630 3414  
[www.mysurgerywebsite.co.uk/  
index.aspx?pr=A85052](http://www.mysurgerywebsite.co.uk/index.aspx?pr=A85052)






Date of inspection visit: 6 December 2018  
Date of publication: 19/02/2019

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

Inadequate 

|                          |  |
|--------------------------|--|
| Are services safe?       | Inadequate            |
| Are services effective?  | Inadequate            |
| Are services caring?     | Requires improvement  |
| Are services responsive? | Inadequate            |
| Are services well-led?   | Inadequate            |

# Overall summary

We carried out an announced comprehensive inspection at The Great West Surgery on 6 December 2018 as part of our inspection programme. We had also received concerns from staff (anonymous) and patients who reported concerns about the service which we followed up. We were also made aware that the practice had been issued with a contractual breach notice by the commissioner for not providing sufficient GP appointments.

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 **inadequate** overall.

We rated the practice as **inadequate** for providing safe services because:

- The practice did not have clear systems and processes to keep patients safe.
- Receptionists and staff had not been given guidance on identifying deteriorating or acutely unwell patients.
- Not all administrative staff had received appropriate safeguarding training.
- Recently recruited administrative staff had not received an effective induction.
- The practice did not have appropriate systems in place for the safe management of medicines.
- The practice did not learn and make improvements when things went wrong.

We rated the practice as **inadequate** for providing effective services because:

- The practice could not show that care was provided in line with current guidelines and best practice.
- There was limited monitoring of the outcomes of care and treatment and unusual variation identified in exception reporting.
- The practice was unable to show that staff had the skills, knowledge and experience to carry out their roles.

We rated the practice as **inadequate** for providing responsive services because:

- Patients had difficulty accessing the service by telephone.

- Patients reported difficulty making a complaint.
- The practice could not show that it was learning and making timely improvements to the service following complaints.

We rated the practice as **inadequate** for providing well-led services because:

- While the practice had a clear vision, that vision was not supported by a credible strategy.
- The practice culture did not effectively support high quality sustainable care.
- The overall governance arrangements were ineffective and confused at local level.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice did not always act on appropriate and accurate information.
- The practice did not have embedded systems and processes for learning or for continuous improvement and innovation.

These issues affected all population groups in particular and we rated the population groups as **inadequate**.

We rated the practice as **requires improvement** for providing caring services because:

- The practice consistently scored lower than average on the national GP patient survey.
- The practice had identified patients who were carers including some young carers. It did not actively maintain a carers' register and staff were not always clear about the support they could offer to carer.

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

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

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

# Overall summary

- Review staff understanding of the services the practice can offer to patients who are carers.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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

**Professor Steve Field** CBE FRCP FFPH FRCGP  
Chief Inspector of General Practice

## Population group ratings

|  |   |
|--|---|
| <b>Older people</b>  | <b>Inadequate</b>  |
| <b>People with long-term conditions</b>  | <b>Inadequate</b>  |
| <b>Families, children and young people</b>                                     | <b>Inadequate</b>  |
| <b>Working age people (including those recently retired and students)</b>      | <b>Inadequate</b>  |
| <b>People whose circumstances may make them vulnerable</b>                     | <b>Inadequate</b>  |
| <b>People experiencing poor mental health (including people with dementia)</b> | <b>Inadequate</b>  |

## Our inspection team

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

## Background to The Great West Surgery

The Great West Surgery is located in Hounslow, West London. The practice is located in a purpose-built centre which is currently shared with a community pharmacy. The Great West Surgery is the branch site of the practice. The main surgery is located at Heston Practice, also in Hounslow. Patients are free to book appointments at either site. The practice is run by Living Care Medical Services Limited which also runs a number of primary care services across London.

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

The provider provides NHS services through an Alternative Provider Medical Services (APMS) contract to around 8500 patients. It took over the contract from another GP provider in June 2017.

The practice's clinical team is led by a locum lead GP (male, full-time) who has been recently appointed. The practice provides 31 GP sessions per week across the main and branch site through a team of regular sessional

and locum GPs. Male and female GPs are available. The practice also employs two part-time practice nurses, a full-time advanced nurse practitioner and a phlebotomist who has recently qualified as a health care assistant. There is a team of five administrators/receptionists and a deputy manager who is based at Heston Practice. The provider also has a central and regional management team who provide governance and support.

The practice is open Monday to Friday from 8am to 6.30pm and on Saturday morning from 8am to 12pm. Patients who have previously registered to do so may book appointments online. The GPs carry out home visits for patients whose health condition prevents them attending the surgery.

The patient profile for the practice has an above-average working age population, between the ages of 20 and 49 years and fewer than average children, teenagers and older patients, aged over-50. The locality is similar to the English average in terms of deprivation levels. Over half of the practice area population is of black and minority ethnic background.

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

| Regulated activity                       | Regulation   |
|--|--|
| Diagnostic and screening procedures      | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment   |
| Family planning services                 | How the regulation was not being met   |
| Maternity and midwifery services         | The provider did not have effective arrangements in place for the monitoring and security of prescriptions pads and computer prescription paper when they were distributed through the practice.   |
| Surgical procedures                      | The practice could not demonstrate safe arrangements in place for the optimisation and management of medicines. This included arrangements to monitor the prescribing competence of non-medical prescribers; the systematic provision of structured medicines reviews for patients on multiple medicines and regular prescribing audits. |
| Treatment of disease, disorder or injury | The provider did not have an effective system in place for the monitoring and recording of the availability of emergency equipment and medicines.  |
|  | The provider did not have an embedded system to manage patient safety alerts.  |
|  | The provider had failed to ensure that administrative staff had the qualifications, competence, skills and experience to do so safely.   |
|  | The provider had not ensured that non-clinical staff had completed the appropriate level of safeguarding training within a reasonable time of recruitment and before working alone on reception.   |
|  | The provider had not ensured that all non-clinical staff were trained in identifying deteriorating or acutely unwell patient's suffering from potential illnesses such as sepsis.  |
|  | The provider had not reviewed its infection prevention and control practices for example, by carrying out periodic audit.  |

This section is primarily information for the provider

## Enforcement actions

The provider had failed to ensure that the premises used by the service provider were safe to use for their intended purpose.

The provider could not demonstrate that it had acted on relevant recommendations arising from the most recent fire safety risk assessment.

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  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met

There were a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance. In particular we found:

The provider did not have a credible strategy to support the practice's aim to deliver high quality care and promote good outcomes for patients.

Governance arrangements at local level lacked clarity. The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively, in particular in relation to the management of emergency and medicines, staff training and the operation of the special allocation service.

The provider's process for learning from significant events and complaints did not lead to timely and effective improvement.

The practice did not yet have embedded systems of continuous improvement and clinical oversight to ensure that patient care was provided in line with best practice.

The provider did not have an accessible complaints system.

This section is primarily information for the provider

## Enforcement actions

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