

Headstone Road Surgery

Inspection report

107 Headstone Road
Harrow
Middlesex
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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?

Good



Are services well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection at Headstone Road Surgery on 12 February 2019 as part of our inspection programme.

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 requires improvement overall, including all population groups.

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

- The practice did not have effective systems and processes to keep patients safe. This included, fire safety and health and safety risk assessments.
- The practice did not have appropriate systems in place for the safe management of some medicines.
- The facilities were not always appropriate for the services being delivered. The practice could not accommodate both wheelchair users and mothers with pushchairs due to space constraints.
- There was no disabled patient toilet and the one patient toilet was not wheelchair friendly. There were no grab rails for patients with mobility issues, or an emergency call button.
- The practice did not have an effective system to learn and make improvements when things went wrong.

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

- Not all staff could demonstrate the skills, knowledge and experience to carry out their roles. For example, not all staff were aware of the principles of obtaining consent in adults lacking capacity and could not undertake contraceptive reviews effectively.
- The practice had not identified that an error relating to a childhood immunisation while registered at another practice.

These areas affected all population groups so we rated all population groups as **requires improvement**.

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

- There were gaps in overall governance arrangements.
- Facilities were not always appropriate for the service being delivered.
- The practice did not have clear and effective processes for managing risks, issues and performance.

We rated the practice as **good** for providing caring and responsive services because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Information leaflets were available in other languages and in easy read format.
- Patients were able to access care and treatment in a timely way.

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:

- Clearly identify where to locate the safeguarding contacts on the safeguarding policies.
- Monitor that Patient Group Directions are signed by relevant staff on receipt or during new staff induction.
- Continue to monitor and improve on patient satisfaction in relation to feeling involved in their care.
- Consider displaying bereavement leaflets around the practice.
- Install a hearing loop at the practice.
- Implement the whistle blowing policy in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.

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

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

Our inspection team

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

Background to Headstone Road Surgery

Headstone Road Surgery is located at 107 Headstone Road, Harrow, Middlesex, HA1 1PG. The provider rents the premises which comprise of a two-storey mid-terrace commercial property. There are no parking facilities onsite and limited parking in the area. The practice is located on a busy route, with good transport links by bus and train. The practice is not currently part of any wider network of GP practices.

The practice is registered with the CQC to carry out the following regulated activities - diagnostic and screening procedures, treatment of disease, disorder or injury and maternity and midwifery services. The practice provides NHS services through a Personal Medical Services (PMS) contract to approximately 4,000 patients. The practice is part of the NHS Harrow Clinical Commissioning Group (CCG).

The practice's clinical team is led by two female GP partners. A female practice nurse works at the practice for 16 hours a week and is supported by a locum nurse who works one day a week, one healthcare assistant and an enhanced practice nurse who works one day a week. The clinical team are supported by a practice manager and six reception and administration staff.



The practice is closed on Wednesday afternoons. Standard appointments are 10 minutes long, with patients being encouraged to book double slots should

they have several issues to discuss. Patients who have previously registered to do so may book appointments online. The provider can carry out home visits for patients whose health condition prevents them attending the surgery.

The practice opening hours are between 8:30am to 6.30pm on Monday, Tuesday and Friday. Commuter clinics are offered on Monday and Thursday between 8.00am and 8.30am. Daily telephone consultations were also offered. The out of hours service are provided by Care UK.

Information published by Public Health England, rates the level of deprivation within the practice population group as seven, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 80 years compared to the national average of 80 years. Female life expectancy is 85 years compared to the national average of 83 years. The patient profile for the practice has an above-average of population of patients aged 18 and under and fewer than average population of patients aged over 85 years. The practice has a wide ethnic mix and over half of the practice area population are from an Asian background.

The practice provides a wide range of services which include chronic disease management, latent TB



screening, pre-diabetes screening, child health surveillance, smoking cessation, weight management, cervical screening, phlebotomy, family planning and flu immunisations.

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 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 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>How the regulation was not being met:</p> <p>The provider had failed to ensure that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely:</p> <ul style="list-style-type: none">• The provider could not demonstrate that all clinical staff had completed the appropriate level of safeguarding children training for their roles.• 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. <p>The provider had failed to ensure that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way:</p> <ul style="list-style-type: none">• The provider had not completed a documented fire risk assessment, health and safety/premises and security risk assessments. There were identified hazards around the practice.• The provider had not acted on the findings of the infection control audit and Legionnaires risk assessment. <p>This was in breach of Regulation 12 (1) 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>How the regulation was not being met:</p>

Requirement notices

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

- There were gaps in mandatory staff training, such as fire safety, sepsis and infection control training. One clinician had not been trained to the appropriate level of safeguarding.
- There were gaps in recruitment systems. We looked at recruitment records for four new staff, including one regular locum nurse. There was no full employment history or proof of identity for two new staff and there were no references, or recorded induction records for three new staff.
- There were gaps in staff immunisation records.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively, in particular in relation to fire safety and the availability of supplementary equipment for the defibrillator.
- Not all staff were aware of the significant event from in place and there was no formal system for dissemination of significant events or safety alerts. There was limited evidence of shared learning of significant events and patient safety alerts, due to poor record keeping of meeting minutes.

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