

Thornbury Road Centre for Health

Inspection report

Thornbury Road
Isleworth
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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?

Good



Are services responsive?

Requires improvement



Are services well-led?

Good



Overall summary

We decided to undertake an inspection of this service following our annual review of the information available to us. This inspection looked at the following key questions safe, effective, responsive and well-led. The rating for the key question caring would be carried through from the previous inspection conducted in 2016. We carried out the previous inspection on 2 August 2016 and rated the practice as good overall.

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 and requires improvement overall for all population groups.

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

- Risks to patients were not assessed and well managed in relation to the spread of infections to the patients and staff, frequency of fire drills and the management of legionella.
- We found an expired emergency medicine and the practice had not maintained a log to monitor the expiry dates.
- We noted the practice was not always segregating clinical waste into appropriate colour-coded containers.
- Safeguarding children policy was reviewed, but it did not include up to date details.
- The practice did not have any formal monitoring system in place to assure themselves that blank prescription forms were recorded correctly, and records were maintained as intended.
- Feedback from patients reflected that they were not always able to access care and treatment in a timely way.
- The practice was encouraging patients to register for online services and 52% of patients were registered to use online Patient Access.
- Information about services and how to complain was available.

We rated the practice as **good** for providing effective and well-led services because:

- The practice routinely reviewed the effectiveness and appropriateness of the care it provided.
- The practice's uptake of the cervical cancer screening rates was below the national average and they had the high inadequate rate for smear results, which were not formally discussed, and learning was not shared with the relevant staff.
- The practice was aware of and complied with the requirements of the Duty of Candour.
- There was a clear leadership structure and staff felt supported by the management.
- The practice had demonstrated good governance in most areas, however, they were required to make further improvements.

We rated all population groups as **requires improvement** for providing responsive services. We rated all population groups as **good** for providing effective services, with the exception of working age people (including those recently retired and students) which is rated as **requires improvement**, because of low cervical cancer screening rates and the high inadequate rate for smear results.

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

- 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.

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

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

- Review training update arrangements in relation to childhood and travel immunisations and dementia awareness.
- Continue to encourage and monitor childhood immunisation uptake rates.

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

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 Thornbury Road Centre for Health

Thornbury Road Centre for Health is a GP practice located in Isleworth in West London and is part of the Hounslow Clinical Commissioning Group (CCG). The practice is in a purpose built premises. The location is shared with another GP practice. The practice is part of the Brentworth Primary Care Network (PCN) since July 2019.

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

The practice provides services to 8,590 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 are two GP partners, three salaried GPs and two long term locum GPs. Three GPs are male and four are female, who work a total of 27 GP clinical sessions per week on average. In addition, the practice offers eight advance nurse practitioner clinical sessions per week. The practice employs an advance nurse practitioner, a practice nurse and three health care assistants. The practice manager is supported by a team of administrative and reception staff.

The practice is registered as a yellow fever vaccination centre and it also offers travel vaccination.

Out of hours (OOH) service is provided by Care UK.

The practice population of patients aged between 30 to 44 years is higher than the national average and patients aged above 65 years old are lower than the national average.

The National General Practice Profile states that 39% of the practice population is from an Asian background with a further 13% of the population originating from black, mixed or other non-white ethnic groups. 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 82 years compared to the national average of 79 years. Female life expectancy is 84 years compared to the national average of 83 years.

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 Family planning services 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 did not have suitable arrangements in place for assessing and managing risks in order to protect the welfare and safety of service users and others who may be at risk from the carrying on of the regulated activity.</p> <p>In particular, we found:</p> <ul style="list-style-type: none">• Risks to patients were not assessed and well managed in relation to the spread of infections to the patients and staff, and frequency of fire drills.• We found an expired emergency medicine and the practice had not maintained a log to monitor the expiry dates.• We noted the practice was not always segregating clinical waste into appropriate colour-coded containers. <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 Family planning services 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> <p>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.</p> <p>In particular, we found:</p>

This section is primarily information for the provider

Requirement notices

- Feedback from patients reflected that they were not always able to access care and treatment in a timely way.
- The practice's uptake of the cervical cancer screening rates was below the national average and they had the high inadequate rate for smear results, which were not formally discussed, and learning was not shared with the relevant staff.
- Safeguarding children policy was reviewed, but it did not include up to date details.
- The practice did not have any formal monitoring system in place to assure themselves that blank prescription forms were recorded correctly, and records were maintained as intended.
- The practice did not have an effective monitoring system in place to identify and address the issues related to the management of legionella in the premises.

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