

C.B. Patel & Partners (Hayes Medical Centre)

Inspection report

Hayes Medical Centre
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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 C. B. Patel & Partners (Hayes Medical Centre) on 2 October 2019 as part of our inspection programme.

At this inspection, we followed up on breaches of regulations identified at a previous inspection on 29 January 2019. Previous reports on this practice can be found on our website at: <https://www.cqc.org.uk/location/1-551034159>.

At this inspection, we found that the practice had demonstrated improvements in most areas, however, they were required to make further improvements.

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 good overall for all population groups, with the exception of people with long-term conditions and working age people (including those recently retired and students) which are rated as requires improvement.

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

- The practice had demonstrated improvements in governance arrangements, however, they were required to make further improvements.
- The practice had failed to address some concerns highlighted during the previous inspection in a timely manner which included monitoring the prescribing competence of non-medical prescribers and the management of blank prescriptions.
- The practice was unable to demonstrate that they had an appropriate system to monitor the registration of clinical staff on an ongoing basis.
- Some staff had raised dissatisfaction regarding the staffing levels at the practice.
- The practice was unable to provide documentary evidence of an asbestos survey.
- The practice was unable to provide satisfactory assurance that the steps they had taken had improved

the outcomes for patients with diabetes. The practice's performance on quality indicators related to patients with diabetes was below the local and the national averages.

- The practice's uptake of the national screening programme for cervical and bowel cancer screening was below the national averages.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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.

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.
- Feedback from most patients reflected that they were 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.
- The practice organised and delivered services to meet patients' needs.
- Information about services and how to complain was available.

We rated all population groups as **good** for providing responsive services. We rated all population groups as **good** for providing effective services, with the exception of people with long-term conditions and working age people (including those recently retired and students) which are rated as **requires improvement**, because of the poor outcomes for patients with diabetes, low cervical and bowel cancer screening rates.

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

- 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

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

- Consider ways to improve the identification of carers to enable this group of patients to access the care and support they need.
- Review patients' feedback regarding telephone access to the service.
- Update the details on the practice's website.

- Continue to encourage and monitor the childhood immunisation uptake.

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

Our inspection team

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

Background to C.B. Patel & Partners

C. B. Patel & Partners (Hayes Medical Centre) is located in the Hayes area and is part of the Hillingdon Clinical Commissioning Group (CCG).

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

The practice provides services to 14,780 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 four GP partners, a salaried GP and three sessional GPs. Five GPs are female and three male. The practice employs two practice nurses and a trainee nurse. One of the practice nurses has completed a prescribing course. The partners are supported by a business manager, a clinical coordinator and compliance lead, a practice manager, a practice administrator and a team of administrative and reception staff.

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 from attending the practice.

The CCG has commissioned an extended hours service, which operates between 6.30pm and 8pm Monday to Friday, and 8am and 8pm Saturday and Sunday, at “Hub” locations. Patients may book appointments with the service by contacting the practice. In addition, the practice nurse appointments are available at the premises on Saturday from 8.30am to 3.30pm, under the Primary Care Network (PCN) arrangement.

The patient profile for the practice has an above-average working age population. There are fewer patients aged over 65 than the national average. The National General Practice Profile states that 46% of the practice population is from an Asian background with a further 21% of the population originating from black, mixed or other non-white ethnic groups. The locality has an average deprivation level. Information published by Public Health England, rates the level of deprivation within the practice population group as five, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

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 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> <p>The practice had failed to address some concerns highlighted during the previous inspection in a timely manner, which included:</p> <ul style="list-style-type: none">• The practice could not demonstrate that they had appropriate formal clinical supervision system in place to review and monitor the prescribing competence of non-medical prescribers.• The practice did not have any formal monitoring system in place to assure themselves that blank prescription forms and handwritten pads were recorded correctly, and records were maintained as intended.• The practice was unable to provide satisfactory assurance that the steps they had taken had improved the outcomes for patients with diabetes. The practice's performance on quality indicators related to patients with diabetes was below the local and the national averages.• The practice's uptake of the cervical and bowel cancer screening rates was below the national averages and action taken had not yet demonstrated improved outcomes.• The practice was unable to demonstrate that they had an appropriate system to monitor the registration of clinical staff on an ongoing basis.• Some staff had raised dissatisfaction regarding the staffing levels at the practice.

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Requirement notices

- The practice was unable to provide documentary evidence of an asbestos survey.

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