

# The Surgery - Dr Mangwana and Partners

## Inspection report

Palace Surgery  
510 Fulham Palace Road, Fulham  
London  
SW6 6JD  
Tel: 02077366305

Date of inspection visit: 18 December 2020  
Date of publication: 03/03/2021

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 The Surgery- Dr Mangwana and Partners on 18 December 2020 as part of our inspection programme. In response to Covid- 19 we undertook a remote records review on 10 December 2020 prior to the site visit.

At our last inspection in August 2019 we rated the practice as inadequate overall. We served the practice with Warning Notices. We undertook a further inspection in December 2019 to check they had complied with the requirements of the notices.

At that inspection we found that some improvements had been made in most areas. However, they had not met the improvements with regards to monitoring of high-risk medicines, infection prevention and control and having a failsafe system for cervical screening and two week wait referrals. We served the practice with further requirement notices during that inspection.

At this inspection, we found that the practice had satisfactorily addressed the requirements of the notices from the December 2019 inspection. However, there still some work in progress that was being undertaken to ensure that the system for monitoring high risk medicines was complete. All work in progress had been risk assessed with the most urgent work having been satisfactorily completed. The practice had also had a recent change of leadership with the outgoing lead GP currently handing over to the new partner.

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 are mindful of the impact of COVID-19 pandemic on our regulatory function. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

**We have rated this practice as requires improvement overall with the following key ratings:**

**Safe- Requires Improvement**

**Effective- Requires Improvement**

**Caring- Good**

**Responsive- Good**

**Well – Led- Requires Improvement**

We found that:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- Although, the practice had satisfactorily addressed most safety concerns from the last inspection and implemented new systems and processes there was still some further work necessary and in progress relating to high risk medicines monitoring and responding to historic safety alerts.

# Overall summary

- Patients received effective care and treatment that met their needs. However, the practice's patient quality outcomes related to Families, children and young people and Working age people were low and had further reduced since our last inspection.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- The practice had new leadership and the way the practice was led and managed promoted the delivery of person-centred care. However, the practice leadership had recently transitioned and required some degree of stability.

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

- Improve and increase the uptake for childhood immunisations and cervical cancer screening.

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

- Maintain work in progress relating to the monitoring of patients on high risk medicines.
- Maintain systems for monitoring safety alerts and two-week referrals.
- Continue the process of recruiting a female nurse to support patients who may wish to seek help from a female nurse.
- Continue to address patient feedback from the National GP Patient Survey.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service.

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

**Dr Rosie Benneworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector who underwent a site visit. The team included a GP specialist advisor who reviewed patient records remotely.

## Background to The Surgery - Dr Mangwana and Partners

The Surgery Dr Mangwana and Partners, also known as the Palace Surgery, is located at  
510 Fulham Palace  
Hammersmith  
SW6 6JD.

The practice is located in a modified premises building which is managed by NHS Property Services. The practice is set over two floors and has stair and lift (to the first floor) access.

There are clinical consultation rooms and a health care assistants' room and an office on the ground floor; two clinical consultation rooms, an office, two store rooms and a toilet on the first floor and an office and a conference room on the second floor. The reception and waiting area

are on the ground floor with wheelchair access to the entrance of the building. There are disabled toilet facilities on the ground floor.

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

There are two GP partners in place who run the service at the practice. The provider employs three part-time sessional locum GPs; a part-time male practice nurse; a practice manager; a healthcare assistant/administrator and six administrators and receptionists.

Information taken from Public Health England placed the area in which the practice is

located in the eighth less deprived decile (from a possible range of between 1 and 10 where 10 is the least deprived). In general, people living in more deprived areas tend to have greater need for health services. There is a higher than the national average number of patients between 15 and 44 years of age.

The practice reception is open on Monday, Tuesday, Wednesday and Friday between 8:00am-7:00pm and on Thursdays between Thursday: 8.00am-6.30pm. Patients may book appointments by telephone, online or in person.

When the practice is closed, patients are directed to contact the local out of hours service and NHS 111. Out of hours services are provided by London Central and West and contact details are communicated in a recorded message accessed by calling the practice when it is closed, or by accessing the information on the practice website.

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 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 Treatment of disease, disorder or injury Maternity and midwifery services	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <ul style="list-style-type: none"><li>• The practice had not met the minimum 90% uptake rate all child immunisation indicators and were below the minimum 80% uptake rate for four of the indicators.</li><li>• The practice was below the CCG and national average for cervical cancer screening and the uptake rate had further reduced since our last inspection.</li></ul> <p><b>This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>