Shepherds Bush Medical Centre

Inspection report

336 Uxbridge Road
Shepherds Bush
London
W12 7LS
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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 summary

We carried out an announced focused inspection at Shepherds Bush Medical Centre on 29 May 2019. The purpose of the inspection was to follow up on breaches of regulations identified at our previous inspection on 22 January 2019. Following the January 2019 inspection, the practice was rated Inadequate and placed in special measures. We issued warning notices for breaches of Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance). The practice was required to address these concerns by 15 May 2019.

We did not review the ratings awarded to this practice at this inspection.

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.

At this inspection we found:

We found the provider had improved in providing safe services because:

•The practice had clear systems and processes to keep patients safe.

•The practice had improved its systems for the management of emergency medicines.

•The practice had adequate systems in place to ensure that prescribing materials were kept securely.

•The practice had an effective system in place to safely manage patients who are prescribed high risk medicines.

•The practice had an effective system in place to manage safety alerts.

•The practice had made improvements to its systems when things went wrong.

We found the provider had improved in providing effective services because:

•There was improved monitoring of the outcomes of care and treatment.

•The practice could demonstrate that it always obtained consent to care and treatment.

•The practice had increased clinical capacity and could demonstrate they effectively managed the service during annual leave and sickness and when the service was under pressure due to patient demand.

We found the provider had improved in providing well-led services because:

•The practice could demonstrate they had effective systems and processes in place to keep people safe.

•There are adequate systems and processes in place to be assured of the quality and safety of the service being provided.

•Leaders could show that they had the capacity and skills to deliver high quality, sustainable care.

•The practice had a clear vision, that was supported by a credible strategy.

•The practice culture supported high quality sustainable care.

•The practice could demonstrate they had clear and effective processes in place for managing risks, issues and performance.

The areas where the provider must make improvements are:

•The provider must ensure that all staff have undertaken immunisations or have certified immunity in line with national guidance.

•The provider must ensure that persons providing care or treatment to service users have the qualifications and experience to do so safely.

•The provider must ensure that all action points related to fire safety and electrical wiring have been completed.

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

The service will remain in special measures until we have undertaken the next inspection and this will be reviewed at that time. This will be kept under review and if needed could be escalated to urgent enforcement action. Where

Overall summary

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 table.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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 second CQC inspector.

Background to Shepherds Bush Medical Centre

Shepherd's Bush Medical Centre is located at 336 Uxbridge Road, Shepherds Bush, London, W12 0PT. There are good transport links by rail and bus and there is a pharmacy located nearby. The practice operates from a converted Victorian house which is leased from a previous GP partner and managed by the current GP partners. The building is set over three floors with stair access only. There are two rooms non-clinical in the basement, one on the ground floor and two on the first floor. The reception and waiting area are on the ground floor with wheelchair access to the entrance of the building. There are toilet facilities on the ground floor.

The provider was registered with CQC in April 2013 to deliver the following Regulated Activities: diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury.

The practice consists of two male GP partners working thirteen sessions each over each two-week period. There are currently no female GP's employed at the practice. They are supported by one full time practice nurse who works nine sessions per week, a practice manager and five administration staff.

The practice reception is open Monday to Friday between 8.00am-6.30pm. Patients may book appointments by telephone, online or in person. Extended hours services are available at three practices across the borough in the evening between 6.30pm-8.00pm or at the weekend. During the practice's opening hours, patients can call and ask to book an appointment at one of these sites for an evening or weekend appointment.

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment must be provided in a safe way for service users How the regulation was not being met: •The provider could not demonstrate that its infection prevention and control practices regarding staff immunisations and certified immunity were safe and in line with national guidance. •The provider could not demonstrate that persons providing care or treatment to service users have the qualifications to do so safely. •The provider could not demonstrate that all outstanding actions related to fire safety and electrical wiring had been completed. This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.