

Earl's Court Surgery

Inspection report

269 Old Brompton Road
London
SW5 9JA
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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 Earls Court Surgery on 7 January 2020 as part of our inspection programme.

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:

Is it safe?

Is it effective?

Is it caring?

Is it responsive?

Is it well led?

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.

We rated the practice as **Requires Improvement** for providing safe services because:

- The practice did not have clear systems and processes to keep patients safe.

We rated the practice as **Requires Improvement** for providing effective services because:

- Some performance data was significantly below local and national averages.
- The practice was unable to show that staff had the skills, knowledge and experience to carry out their roles.

We have rated all population groups as good except for Working age people including those recently retired and students and Families, children and young people for the same reasons as given above.

We rated the practice as **Requires Improvement** for providing well-led services because:

- The overall governance arrangements were ineffective.
- 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.
- The practice organised and delivered services to meet patients' needs. Patients could 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.
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment.

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

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

- Improve the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff.
- Review practice protocols and procedures to ensure staff are up to date with their mandatory training.
- Review the system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.

The service will be kept under review and if needed could be escalated to special measures action. Where necessary, another inspection will be conducted within a further six months.

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	Good 
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	Good 
People experiencing poor mental health (including people with dementia)	Good 

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) inspector and included a GP specialist advisor and practice manager specialist advisor.

Background to Earl's Court Surgery

Earls Court Surgery is located at 269 Old Brompton Road, London. SW5 9JA. The surgery has good transport links.

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.

Earls Court Surgery is situated within the Kensington and Chelsea Local Authority and West London Clinical Commissioning Group (CCG) and provides services to just over 4000 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.

The provider is a partnership practice that registered with the CQC in December 2015. The practice employs several regular male and female locum GPs, a locum nurse who

is due to become permanent member of staff a health care assistant and several reception staff. The practice is currently a member of a GP Federation and affiliated with a primary care network.

There is a lower than average number of patients under the age of 18, in comparison with local and national averages. The National General Practice Profile states that 66% of the practice population is from a white ethnic background with 14% of the population originating from an Asian ethnic group. The practice also has an Italian population who are registered with the practice. Information published by Public Health England, rates the level of deprivation within the practice population group as four, 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 86 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>There was no assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular:</p> <ul style="list-style-type: none">• We were unable to see evidence of historical infection control audits and therefore could not be reassured that previous potential recommendations had been followed. <p>Not all of the people providing care and treatment had the qualifications, competence, skills and experience to do so safely. In particular:</p> <ul style="list-style-type: none">• The practice was unable to provide vaccination records for some members of staff. <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• The practice was unable to demonstrate records associated with fire drills conducted and fire extinguishers.

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>

This section is primarily information for the provider

Requirement notices

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- The two week wait referrals for cancer treatment were not tracked once an appointment had been made.
- Safety Alerts were not distributed to members of staff in a co-ordinated manner within the practice.
- The practice was only able to produce limited evidence in the safe management of emergency medicines and the frequency of when they were checked.

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met...

The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:

- Staff had not been given any training in Sepsis and clinical staff had not completed Mental Capacity act training.
- Both GP Partners had not completed safeguarding Training at Level 3 in Adults.
- The healthcare assistant had not completed her Care certificate as recommended by Health Education England.