

C.B. Patel & Partners

Inspection report

Hayes Medical Centre
157 Old Station Road
Hayes
UB3 4NA
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Date of inspection visit: 03 and 04 May 2022
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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

Good



Are services safe?

Requires Improvement



Overall summary

We carried out an announced focused inspection at C. B. Patel & Partners (Hayes Medical Centre) on 3 and 4 May 2022. Overall, the practice is rated as **Good**.

Set out the ratings for each key question:

Safe - Requires improvement.

Following our previous inspection on 10, 11 and 12 August 2021, the practice was rated Good overall. We rated the practice as requires improvement for providing safe services. The practice was rated good for the effective, caring, responsive and well-led key questions.

The full reports for previous inspections can be found by selecting the 'all reports' link for C. B. Patel & Partners (Hayes Medical Centre) on our website at www.cqc.org.uk.

Why we carried out this inspection

This was a focused inspection to follow up on a breach of Regulation 19 Fit and proper persons employed. We followed up in response to concerns we received as part of our regulatory functions.

At this inspection we covered:

- Are services safe?
- 'shoulds' identified in the previous inspection.

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system and discussing findings with the provider.
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A short site visit.

Our findings

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.

Overall summary

We have rated this practice as Good overall.

We found that:

- We found improvements had been made, however, we found additional concerns and the practice was required to make further improvements.
- Recruitment checks including Disclosure and Barring Service (DBS) were carried out in accordance with regulations.
- Not all the GPs had access to Coordinate My Care (CMC) and they were not able to access the information they needed to deliver safe care and treatment in a timely manner.
- The practice had clear systems to keep people safe and safeguarded from abuse.
- Appropriate standards of cleanliness and hygiene were met.
- There was a system for recording and acting on significant events.
- There was a system for recording and acting on safety alerts.
- The practice had shared the childhood immunisation data 2021/22 received from North West London CHIS Hub. For example:
 - Childhood immunisation rates for under two year olds ranged from 86% to 92%, these were comparable to the national expected average of 90%.
 - Childhood immunisation rates for measles, mumps and rubella (two doses of MMR) given in 2021/22 to five year olds were 77%, compared to 66% in 2020/21. This was an 11% increase from the previous data.
 - The practice informed us there was a high refusal rate for immunisation for measles, mumps and rubella (MMR). The practice identified that some children were not living in the country or had childhood immunisation carried out in their native countries, but this information was not shared with the practice.
 - The practice had shared local primary care network comparable data and they had achieved 81% cervical cancer screening rates for patients aged 25-49 years.
 - The practice had shared recent Quality Outcomes Framework (QOF) results (2021/22) and informed us they had achieved 80% cervical cancer screening rates for patients aged 25-49 years and 83% screening rates for patients aged 50-64 years old.
 - The practice had offered 1520 smear appointments in the last 12 months.
- We spoke with four Patient Participation Group (PPG) members and they confirmed that the practice was trying to arrange the PPG meeting for the last few months. They were positive about the care and treatment offered by the practice, which met their needs.
- We saw evidence that the PPG meeting invites were sent and the meeting was planned for 29 January 2022 but no PPG member was available to attend the meeting. We saw the next PPG meeting was planned a few days after the inspection.
- Our clinical records searches showed that the practice did not always have an effective process for monitoring patients' health in relation to the use of medicines including high risk medicines. This issue was highlighted as a **'should'** in the previous report.

We found that the practice had demonstrated improvements in areas identified as **'should'** during the previous inspection:

- The practice had taken steps to improve childhood immunisation uptake. The practice conducted a thorough analysis of the data and identified targeted areas to improve performance. The practice had maintained a register and a dedicated practice nurse was contacting the parents or guardians of children and encouraging childhood immunisation uptake.
- The practice had taken steps to encourage the uptake of bowel cancer screening. Searches were run weekly and text messages and letters were sent to follow up do not attend appointments. The practice shared some unverified updated data for bowel cancer screening showing rates had increased from 51% in 2021 to 55% in 2022.

Overall summary

We found a breach of regulation. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients.

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

- Take steps to arrange the clinicians' access to Coordinate My Care (CMC) to ensure they had the information they needed to deliver safe care and treatment.

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

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to C.B. Patel & Partners

C. B. Patel & Partners (Hayes Medical Centre) is a GP practice located in the Hayes in West London at:

157 Old Station Road,

Hayes,

Middlesex.

UB3 4NA

We visited this location as part of this inspection activity.

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 offers services from only a main practice location. The practice is in purpose built premises.

The practice is situated within the Hillingdon Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 16,450. This is part of a contract held with NHS England.

The practice is part of the Hayes and Harlington Primary Care Network (PCN).

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.

There are four GP partners, four salaried GPs and four sessional GPs. Eight GPs are female and four male. The practice employs two advanced practice nurses and two practice nurses. Both advanced nurse practitioners (ANPs) have completed a prescribing course. The partners are supported by a business manager, a clinical coordinator and compliance lead, an operational manager, a practice manager, a practice administrator and a team of administrative and reception staff. The practice employs two clinical pharmacists. In addition, a clinical pharmacist (employs by the primary care network) is offering 40 hours per week at the practice.

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

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations. If the GP needs to see a patient face-to-face then the patient is offered a choice of either the main GP location.

Extended access is provided at local hubs, where late evening and weekend appointments are available. Out of hours services are provided by the practice plus.

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 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 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, we found:</p> <ul style="list-style-type: none">• Our clinical records searches showed that the practice did not always have an effective process for monitoring patients' health in relation to the use of medicines including high risk medicines. This issue was highlighted as a 'should' in the previous report. <p>This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |