

C.B. Patel & Partners

Inspection report

Hayes Medical Centre
157 Old Station Road
Hayes
UB3 4NA
Tel: 02085732037
www.hayesmedicalcentre.co.uk

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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 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

We carried out an announced comprehensive inspection at C. B. Patel & Partners (Hayes Medical Centre) on 10, 11 and 12 August 2021. Overall, the practice is rated as Good.

Set out the ratings for each key question

Safe – Requires improvement

Effective - Good

Caring - Good

Responsive - Good

Well-led - Good

Following our previous inspection on 2 October 2019, the practice was rated Requires Improvement overall and requires improvement overall for all population groups. We rated the practice as requires improvement for providing safe, effective and well-led services.

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 comprehensive inspection to follow up on breaches of Regulation 17 Good governance.

At this inspection we covered all key questions:

- Are services safe?
- Are services effective?
- Are services caring?
- Are services responsive?
- Are services well-led?

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.

Overall summary

- 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.

We have rated this practice as Good overall and good for all population groups.

We found that:

- The practice had demonstrated improvements in governance arrangements compared to the previous inspection.
- Recruitment checks including Disclosure and Barring Service (DBS) were not always carried out in accordance with regulations or records were not kept in staff files.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.
- Some high risk medicines recommended monitoring requirements were not met and test results were not managed in a timely manner.

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

- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

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

- Review and improve the systems in place to effectively monitor patients' health in relation to the use of medicines including high risk medicines.
- Continue to encourage and monitor cervical and bowel cancer screening and childhood immunisation uptake.
- Review and consider the patient participation group (PPG) feedback regarding access to the service.

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	Good	
Working age people (including those recently retired and students)	Good	
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 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). This is part of a contract held with NHS England.

The practice is part of the 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, three salaried GPs and four sessional GPs. Seven GPs are female and four male. The practice employs two advance practice nurses and a practice nurse. Both advanced nurse practitioners (ANPs) have 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. The practice employs two clinical pharmacists. In addition, a clinical pharmacist (employed 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 Care UK.

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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:</p> <ul style="list-style-type: none">• Recruitment checks including Disclosure and Barring Service (DBS) were not always carried out in accordance with regulations or records were not kept in staff files.• The practice was not following their own recruitment policy and satisfactory evidence of conduct in previous employment in terms of references were not available for three staff and a confidentiality agreement was not signed by one member of staff. We found that interview notes were not always kept in staff files. <p>This was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>