

Lady Margaret Road Medical Centre

Inspection report

57 Lady Margaret Road
Southall
UB1 2PH
Tel: 02085745186

Date of inspection visit: 30 March 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

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Requires Improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced inspection at Lady Margaret Road Medical Centre on 30 March 2022. Overall, the practice is rated as Requires Improvement.

The key questions are rated as:

Safe - Requires improvement

Effective - Requires improvement

Caring - Good

Responsive - Requires improvement

Well-led - Requires improvement

Following our previous inspection on 23 September 2019, the practice was rated Good overall and for all key questions.

The full reports for previous inspections can be found by selecting the 'all reports' link for Lady Margaret Road Medical Centre on our website at www.cqc.org.uk.

Why we carried out this inspection

This was a comprehensive inspection. We carried out this inspection in response to concerns we received as part of our regulatory functions. 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. At this inspection, we visited the practice which included:

- Conducting staff interviews
- 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

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 Requires Improvement overall.

We found:

There was a lack of good governance in some areas.

- 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 and potential missed diagnosis/coding issues with diabetes and over usage of medicines.
- Risks to patients were not assessed and well managed in relation to fire safety, recruitment checks, infection prevention and control and the national patient safety and medicines alerts.
- The practice did not have any formal monitoring system in place to assure themselves that blank prescription forms were recorded correctly, and their use was monitored in line with national guidance.
- The fixed electrical installation checks, portable appliance testing and a gas safety check were not carried out in a timely manner.
- The practice's uptake of the national screening programme for cervical and bowel cancer screening was below the national average.
- Feedback from patients was mixed about the way staff treated people and they said they were not always felt actively involved in decisions about care and treatment.
- The Patient Participation Group (PPG) was not active.
- The practice carried out repeated clinical audits.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic.
- The practice could not provide documentary evidence that the prescribing competence of a non-medical prescriber was regularly reviewed and findings were discussed with them.
- Patient treatment was not always regularly reviewed and updated.
- Structured medicines reviews for patients with some long term conditions were not always carried out in a timely manner.
- Patients were not able to access the telephone system in a timely manner.

We found three breaches of regulations. The provider **must**:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.
- Ensure care and treatment is provided in a safe way to patients.

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

- Carry out structured medicines reviews for patients with long-term conditions such as chronic obstructive pulmonary disease (COPD) and dementia.
- Take steps to install secondary thermometer in a fridge used to store vaccines.
- Continue to encourage the patient for cervical and bowel cancer screening uptake.
- Review patients' feedback regarding involvement in decisions about care and treatment and access to the telephone system.
- Maintain records when the prescribing competence of a non-medical prescriber is reviewed and discussed with them.
- Organise sepsis awareness training.
- Continue to make efforts to re-establish the patient participation group (PPG).

Overall summary

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 and included a GP specialist advisor.

They undertook a site visit and spoke with the staff and completed clinical searches and records reviews.

Background to Lady Margaret Road Medical Centre

Lady Margaret Road Medical Centre is located in the Ealing area in West London at:

57 Lady Margaret Road

Southall

Middlesex

UB1 2PH

We visited this location as part of this inspection activity. The practice is located in a converted property.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, surgical procedures, maternity and midwifery services and treatment of disease, disorder or injury and family planning.

The practice is situated within the Ealing Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 3,485. This is part of a contract held with NHS England.

The practice is part of the local Primary Care Network (PCN) and Ealing GP Federation.

Information published by Public Health England shows that deprivation within the practice population group is in the fourth lowest decile (four of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 66% Asian, 17% White, 10% Black, 3% Mixed, and 4% Other.

The majority of patients within the practice are of working age. The working age practice population is slightly higher and the older people practice population is slightly lower than the national average.

There is a principal GP and three regular locum GPs. Three GPs are female and one is male. The practice employs two practice nurses, an advanced nurse practitioner and a health care assistant. The principal GP is supported by a practice manager and a team of administrative and reception staff. The clinical pharmacists (employed by the local PCN) are offering sessions at the practice.

The provider, Dr Mohammad Alzarrad, also operates separate general practices at St Marks Medical Centre and Lynwood Surgery both of which are also in Ealing. The principal GP works at the practice three days per week including Monday (full day), Tuesday (half day) and Friday (half day remotely). The practice manager works at the practice two days per week including Monday and Tuesday. The principal GP and the practice manager are accessible remotely when not present on the premises.

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 an appointment at the practice.

Extended access is provided locally by Ealing GP Federation, where late evening and weekend appointments are available. Out of hours services are provided by 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 Surgical procedures 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> <p>The provider had not done all that was reasonably practicable to assure systems and processes were established and operated effectively to ensure compliance with requirements to demonstrate good governance.</p> <p>In particular, we found:</p> <ul style="list-style-type: none">• There was a lack of good governance in some areas.• The fixed electrical installation checks, portable appliance testing and a gas safety check were not carried out in a timely manner.• Risks to patients were not assessed and well managed in relation to fire safety and infection prevention and control.• Patient treatment was not always regularly reviewed and updated. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</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.</p> <p>In particular, we found:</p>

This section is primarily information for the provider

Requirement notices

- Recruitment checks including Disclosure and Barring Service (DBS) were not always carried out in accordance with regulations and records were not kept in staff files.

This was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

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

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not being met:

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:

- Our clinical records searches showed that the provider did not always have an effective process for monitoring patients' health in relation to the use of medicines including high risk medicines and potential missed diagnosis/ coding issues with diabetes and over usage of medicines.
- The practice had a system in place to manage safety alerts but it did not work effectively as we found some safety alerts were not actioned as required to ensure the safe care and treatment of patients.
- The practice did not have any formal monitoring system in place to assure themselves that blank prescription forms were recorded correctly, and their use was monitored in line with national guidance.

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.