

C.B. Patel & Partners (Hayes Medical Centre)

Inspection report


Hayes Medical Centre
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Date of inspection visit: 29 January 2019
Date of publication: 15/03/2019

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? | Requires improvement  |
| Are services well-led? | Requires improvement  |

Overall summary

We carried out an announced comprehensive inspection at C. B. Patel & Partners (Hayes Medical Centre) on 29 January 2019 as part of our inspection programme.

At the last inspection in April 2015 we rated the practice as good overall. Previous reports on this practice can be found on our website at: <https://www.cqc.org.uk/location/1-551034159>.

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:

- Risks to patients were assessed and well managed in some areas, with the exception of those relating to safety alerts, some safeguarding procedures, infection control procedures and the management of legionella.
- The practice did not have appropriate systems in place for the safe management of medicines.
- There was an ineffective system in place to monitor the use of blank prescription forms for use in printers and handwritten pads.
- The practice had not carried out premises health and safety risk assessment and some fire safety procedures were not appropriately managed.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, we noted there was a lack of communication and the practice had not widely shared lessons learned from significant events to improve safety in the practice.
- Recruitment checks were not always carried out in accordance with regulations or records were not kept in staff files.

We rated the practice as **requires improvement** for providing effective services because:

- The practice's performance on quality indicators related to patients with diabetes was below the local and the

national averages. The practice had taken steps to improve the outcomes for patients with diabetes, however, it was too early to assess the impact of these improvements.

- The practice's uptake of the national screening programme for cervical and bowel cancer screening and childhood immunisations rates were below the national averages.
- There were no failsafe systems to follow up women who were referred as a result of abnormal results after cervical screening.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided.
- Staff had received the appropriate training and appraisal necessary to enable them to carry out their duties.

We rated the practice as **requires improvement** for providing responsive services because:

- Feedback from patients reflected that they were not always able to access care and treatment in a timely way.
- The practice was encouraging patients to register for online services and 49% of patients were registered to use online Patient Access.
- Information about services and how to complain was available. However, some information was not up to date.
- The practice organised and delivered services to meet patients' needs.

We rated the practice as **requires improvement** for providing well-led services because:

- There was a lack of good governance.
- Clinical lead responsibilities were not always shared with other clinicians.
- The practice had not appointed a dedicated clinical lead to oversee the management of test results and there was no monitoring system in place to ensure that patient correspondence across the practice was managed in a timely manner.
- There was no formal monitoring system for following up patients experiencing poor mental health and patients with dementia who failed to collect their prescriptions in a timely manner; or to identify and monitor who was collecting the repeat prescriptions of controlled drugs from reception.

Overall summary

- There was no formal supervision arrangement in place to monitor the clinical performance and decision making of a nurse prescriber employed by the practice.
- Most policies and protocols did not include name of the lead member of staff including adult and child safeguarding policies. Most of the policies did not include the name of the author and they were not dated so it was not clear when they were written or when they had been reviewed.
- The practice was aware of and complied with the requirements of the Duty of Candour.
- Staff we spoke with on the day of inspection informed us they felt supported by the management.

These areas affected all population groups so we rated all population groups as **requires improvement**.

We rated the practice as **good** for providing caring services because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

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.

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

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

- Review formal sepsis awareness training needs for non-clinical staff to enable them to identify patients with severe infections.
- Consider ways to improve the identification of carers to enable this group of patients to access the care and support they need.
- Consider displaying information about a translation service in the reception area informing patients this service is available. Review the availability of information posters and leaflets in multiple languages.
- Review the complaint policy and procedures and consider a response to complaints includes information of the complainant's right to escalate the complaint to the Ombudsman if dissatisfied with the response.
- Consider reviewing the practice's website to see if it meets patients needs and expectations.
- Consider how the accessible toilet is accessed in the event of an emergency.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Population group ratings

| | |
|--|---|
| Older people | Requires improvement  |
| People with long-term conditions | Requires improvement  |
| 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 | Requires improvement  |
| People experiencing poor mental health (including people with dementia) | Requires improvement  |

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor and a practice nurse specialist advisor.

Background to C.B. Patel & Partners

C. B. Patel & Partners (Hayes Medical Centre) is located in the Hayes area and is part of the Hillingdon Clinical Commissioning Group (CCG).

Services are provided from the following premises:

Hayes Medical Centre, 157 Old Station Road, Hayes, Middlesex. UB3 4NA.

The practice is registered with the CQC to carry out the following regulated activities: diagnostic and screening procedures, treatment of disease, disorder or injury, family planning, maternity and midwifery services and treatment of disease, disorder or injury.

The practice provides services to 13,890 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.

There are four GP partners, a salaried GP and a sessional GP. Four GPs are female and two male. The practice employs two practice nurses. One of the practice nurses has completed a prescribing course. The partners are supported by a business manager, practice administrator and a team of administrative and reception staff.

Standard appointments are 10 minutes long, with patients being encouraged to book double slots should they have several issues to discuss. Patients who have previously registered to do so may book appointments online. The provider can carry out home visits for patients whose health condition prevents them attending the practice.

The CCG has commissioned an extended hours service, which operates between 6.30pm and 8pm Monday to Friday, and 8am and 8pm Saturday and Sunday, at “Hub” locations. Patients may book appointments with the service by contacting the practice.

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.

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>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:</p> <ul style="list-style-type: none">• The practice did not have appropriate systems in place for the safe management of medicines.• The national patient safety and medicines alerts were not always handled appropriately.• The practice had not had an effective system to identify and monitor who was collecting the repeat prescriptions for controlled drugs from the reception.• There was no formal monitoring system for following up patients experiencing poor mental health and patients with dementia who failed to collect their prescriptions in a timely manner.• The provider did not have a second thermometer which could log all the data and provide assurance that temperatures had been within the required range, nor was the existing thermometer calibrated at least monthly, as recommended in Public Health England guidance.• The practice did not have the full range of emergency medicines commonly seen in the GP practice and there was no risk assessment as to why the full range of emergency medicines were not included.• Protocols for checking medicines stock levels and equipment were not always being followed. Written records of monitoring checks were not always maintained. <p>Infection control procedures were not always managed effectively. In particular:</p> |

This section is primarily information for the provider

Requirement notices

- The infection prevention and control (IPC) lead was not aware when the infection control audit was carried out and when fabric curtains used around the couches in the clinical rooms were changed or washed.
- A spill kit was not available in the premises.
- No cleaning schedule was available on-site.
- Appropriate colour coded or disposable cleaning mops were not used.
- There was no documented policy or records available to demonstrate that clinical equipment was cleaned on regular basis.

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

Regulated activity

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

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.

In particular we found:

- There was a lack of good governance.
- Clinical lead responsibilities were not always shared with other clinicians.
- The practice had not appointed a dedicated clinical lead to ensure that patient correspondence across the practice was managed in a timely manner.
- Safety alerts and some safeguarding procedures were not managed appropriately.
- There was an ineffective system in place to monitor the use of blank prescription forms for use in printers and handwritten pads.
- Some staff we spoke with were not sure who was the lead member of staff for safeguarding.
- There was a lack of communication and the practice had not widely shared lessons learned from significant events.
- Multidisciplinary meetings minutes were not available.
- Some policies did not include appropriate information.

This section is primarily information for the provider

Requirement notices

- Business continuity plan did not include list of emergency contact numbers.
- Feedback from patients reflected that they were not always able to access care and treatment in a timely way.
- There was no formal supervision arrangement in place to monitor the clinical performance of a nurse prescriber.
- The practice did not have effective systems in place to ensure the management of legionella, premises health and safety risk assessment and some fire safety procedures were appropriately managed.
- The practice's performance on quality indicators related to patients with diabetes was below the local and the national averages.
- The practice's uptake of the national screening programme for cervical and bowel cancer screening and childhood immunisations rates were below the national averages.
- There were no failsafe systems to follow up women who were referred as a result of abnormal results after the cervical screening.
- Recruitment checks were not always carried out in accordance with regulations or records were not available.
- Evidence of medical indemnity insurance was not available for all clinical staff.

This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.