

Sudbury and Alperton Medical Centre

Inspection report

267 Ealing Road
Wembley
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Date of inspection visit: 16 January 2019
Date of publication: 08/03/2019

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?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection at Sudbury and Alperton Medical Centre on 16 January 2019 as part of our inspection programme.

At the last inspection in November 2014 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/1-538804637>.

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 and the management of legionella.
- The practice did not have appropriate systems in place for the safe management of medicines, including the monitoring of some high risk medicines.
- The practice had not appropriately managed some fire safety procedures.
- Electrical installation condition inspection was not carried out at both premises.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. When incidents did happen, the practice learned from them and improved their processes. However, we noted significant events were not documented during staff team meetings.
- Recruitment checks were carried out in accordance with regulations.

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

- There was a lack of good governance in some areas.
- 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 the reception.

- 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 recently developed a policy and was in the process of implementing changes.
- 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 there was a clear leadership structure and they felt supported by the management.

We rated the practice as **good** for providing effective, caring and responsive services because:

- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence based guidelines.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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 practice was encouraging patients to register for online services and 46% of patients were registered to use online Patient Access.
- Information about services and how to complain was available and easy to understand.

We have rated this practice as **good** for all population groups, except **requires improvement** for Families, children and young people for providing effective services, because of low uptake rates for the national childhood vaccination programme.

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.

Overall summary

(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.
- Continue to improve, monitor and encourage uptake of childhood immunisation and cervical screening.

- Continue to monitor and act on patient satisfaction with telephone access to the practice.

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	Good	
People with long-term conditions	Good	
Families, children and young people	Requires improvement	
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. The team included a GP specialist advisor and a practice nurse specialist advisor.

Background to Sudbury and Alperton Medical Centre

Sudbury and Alperton Medical Centre is located in Wembley and Harrow areas and is part of the Brent Clinical Commissioning Group (CCG).

Services are provided from following two premises. We visited both premises during this inspection.

Main location: 267 Ealing Road, Wembley. HA0 1EU.

Branch location: 228 Watford Road, Harrow. HA1 3TY.

The practice is currently part of a wider network of 27 GP practices, working together to provide greater access for patients and providing services closer to a patient's home and where possible, outside of a hospital setting.

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

The practice provides services to 8,970 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 and a sessional GP. Three GPs are male and two female. There is also a trainee GP. The practice employs two practice nurses. The partners are

supported by a practice administrator and a team of administrative and reception staff. The practice did not have a full time practice manager in the post. The practice had recruited a self-employed practice management consultant (one day per week) to provide practice management support. The practice informed us they were planning to recruit a full time practice manager in the near future.

This is a training practice, where a doctor who is training to be qualified as a GP has access to a senior GP throughout the day for support. We received positive feedback from the trainee we spoke with.

The practice is closed on Wednesday afternoons. 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 surgery.

The CCG has commissioned an extended hours service, which operates between 8am and 8pm Monday to 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 53% of the practice population is from an Asian background with a further 19% of the population originating from black, mixed or other non-white ethnic groups. The locality has a average deprivation level. Information published by Public Health

England, rates the level of deprivation within the practice population group as six, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 81 years compared to the national average of 79 years. Female life expectancy is 85 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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users.</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, including the monitoring of some high risk medicines.• The national patient safety and medicines alerts were not always handled appropriately. The practice did not have an effective system to identify and monitor who was collecting the repeat prescriptions of controlled drugs from the reception. T• 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.• Patient Group Directions had not always been adopted by the practice to allow nurses to administer medicines in line with legislation. <p>This was in breach of Regulation 12 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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p>

Requirement notices

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:

- The practice was unable to demonstrate that they always followed national guidance on the management of blank prescription forms.
- Some non-clinical staff we spoke with informed us they did not have access to the management of blank prescription policy.
- Parents of the children on the safeguarding or child protection register were not always appropriately coded with safeguarding flags.
- The practice had not carried out a systematic review of vulnerable patients to ensure their safety.
- The practice had not appropriately managed some fire safety procedures.
- Electrical installation condition inspection was not carried out at both premises.
- The practice was not following their own legionella risk assessments and they had not carried out regular weekly and monthly water temperature checks at both premises.
- Significant events were not documented during staff team meetings.

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