

Chichele Road Surgery

Inspection report


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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

Inadequate 

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

Overall summary

We carried out an announced comprehensive inspection at Chichele Road Surgery on 25 October 2019 as part of our inspection programme. At this inspection, we followed up on breaches of regulations identified at a previous inspection on 26 June 2018.

On 26 June 2018, we carried out a comprehensive inspection and the practice was rated as Good overall. Specifically, it was rated as Requires Improvement for providing effective services and also rated Requires Improvement in the population groups of long-term conditions, families, children and young people, working age and people experiencing poor mental health population groups.

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.

At this inspection, we have rated this practice as **inadequate overall**.

We rated the practice as **inadequate** for providing safe services because:

- There were no clear systems, practices and processes to keep people safe and safeguarded from abuse.
- Appropriate standards of cleanliness and hygiene were not met.
- There were gaps in systems to assess, monitor and manage risks to patient safety.
- Staff had the information they needed to deliver safe care and treatment; however, improvement was required.
- The practice did not always have systems for the appropriate and safe use of medicines, including medicines optimisation.
- The practice did not have an adequate system to learn and make improvements when things went wrong.

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

- There was limited monitoring of the outcomes of care and treatment.
- The practice was unable to show that staff had the skills, knowledge and experience to carry out their roles.
- Some performance data was significantly below local and national averages.

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

- While the practice had made some improvements since our last inspection, it had not appropriately addressed the Requirement Notice in relation to the improving clinical performance. At this inspection we also identified additional concerns that put patients at risk.
- There was a lack of established clinical leadership and leaders could not show that they had the capacity and skills to deliver high quality, sustainable care.
- While the practice had a clear vision, that vision was not supported by a credible strategy.
- The practice culture did not effectively support high quality sustainable care.
- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice did not always act on appropriate and accurate information.
- We saw little evidence of systems and processes for learning, continuous improvement and innovation.

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

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

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Patients could access the service in a timely manner.
- However, learning from complaints was not always clear.

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:

- Ensure sharps injury guidance is available in consulting or treatment rooms.
- Review the availability of practice Accessible Information Standard policy.
- Improve the recording of complaints and ensure learning is shared effectively.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the

process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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	Inadequate 
People with long-term conditions	Inadequate 
Families, children and young people	Inadequate 
Working age people (including those recently retired and students)	Inadequate 
People whose circumstances may make them vulnerable	Inadequate 
People experiencing poor mental health (including people with dementia)	Inadequate 

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 Chichele Road Surgery

Chichele Road Surgery provides primary care services to around 5,500 patients in the Cricklewood area of Brent in North West London. The service operates from one surgery in an older converted property. Patient facilities are located on the ground and first floors. The first floor is accessible by stairs.

The practice is led by one non-clinical partner and two clinical GP partners. The practice also employs two salaried GP, one who provides six sessions a week. The practice contracts with regular locum GPs and employs a full-time nurse who is an independent prescriber; a part-time practice nurse and a health care assistant. The practice also employs reception and administrative staff. On the day of inspection, one salaried GP and two practice nurses were working.

The practice telephone line opens from 8.45am and the practice doors open from 9am until 6pm Monday to Friday. Face to face and telephone consultations are available. Pre-bookable and emergency appointments are available throughout the day. The practice offers evening appointments every Monday between 6.00pm-7.30pm. Patients can access an out of hours

service if they need urgent advice or treatment when the practice is closed. The local primary care 'hub' service also offers evening and weekend appointments with a GP or nurse.

The practice has a smaller proportion of children, babies and older people registered than average with a higher proportion of adults of working age and a higher proportion of men than women. The population is ethnically and culturally diverse with around half of patients identifying as white. The population experiences slightly lower than average life-expectancy and higher than average levels of unemployment and income deprivation.

The practice is part of the Brent Clinical Commissioning Group (CCG) and registered with the Care Quality Commission (CQC) to carry on the following regulated activities: diagnostic and screening procedures; family planning; treatment of disease, disorder or injury; family planning, maternity and midwifery services and surgical procedures. The full reports of these previous inspections can be found by selecting the 'all reports' link for Chichele Road Surgery on our website at cqc.org.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 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 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met</p> <p>The provider had failed to ensure that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely:</p> <ul style="list-style-type: none">• The provider had not followed the Care Certificate standards to make sure staff were competent to carry out their role.• The provider did not have an effective learning and development programme and monitoring in place. There were several gaps in staff training such as fire safety, infection control and information governance.• The provider had not ensured they had an effective induction programme that prepared staff for their role. This was in relation to an employed clinician not receiving adequate induction on their role as the safeguarding lead, leading to a lack of clarity around the practice about this responsibility.• Training records showed only two staff had up to date infection control training and other staff including one clinician had last received this training between February 2016 and June 2018.• Training records showed only two staff had up to date fire safety training, most were overdue training since 2016 and one had not received any training.• There was no evidence of the systems in place to ensure the registration of clinical staff was checked and regularly monitored. <p>This was in breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Enforcement actions

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. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment We are considering the appropriate regulatory response to the issues we identified during this inspection. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance We are considering the appropriate regulatory response to the issues we identified during this inspection. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.