

Hammersmith Surgery

Inspection report

1 Hammersmith Bridge Road
Hammersmith
London
W6 9DU
Tel: 02087413944
www.thehammersmithsurgery.co.uk

Date of inspection visit: 25 September 2019
Date of publication: 04/12/2019

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?

Good 

Are services well-led?

Requires improvement 

Overall summary

We carried out an announced comprehensive inspection at Hammersmith Surgery on 25 September 2019 as part of our inspection programme.

We inspected this practice on one previous occasion, on 2 October 2014, and the practice was rated as good overall. We rated five domains: safe, effective, caring, responsive and well led as good including the patient population groups.

We decided to undertake an inspection of this service following our annual review of the information available to us. This inspection looked at the following key questions: safe, effective, caring, responsive and well led.

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:

- The practice did not have clear systems and processes to keep patients safe.
- The practice did not have reliable systems and processes to keep patients safeguarded from abuse.
- The practice did not have reliable infection prevention and control practices in place.
- The practice did not monitor and manage the cold chain effectively.
- The practice did not have complete fire safety systems in place.

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

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

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

- The practice did not have a fail-safe system regarding patient safety alerts.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice did not have an appropriate fail-safe system in place to monitor and manage cervical screening for female patients.
- The provider did not have a safe or effective recruitment system in place.
- 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.

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

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.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

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 clinical staff training for Gillick competency and Fraser guidelines for the care and treatment of patients under the age of 16.
- Continue to monitor the uptake of childhood immunisations and cervical screening data.

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

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Overall summary

**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	Requires improvement 
Working age people (including those recently retired and students)	Requires improvement 
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, a practice nurse specialist advisor, a practice manager specialist advisor and a CQC registrations inspector who was shadowing the team.

Background to Hammersmith Surgery

Hammersmith Surgery is located at 1 Hammersmith Bridge Road, London, W6 9DU. The provider is the owner of the premises. The building is set over two floors with lift and stair access. There are several clinical consultation rooms and a practice nurse and a health care assistant's room on the ground floor and offices on the first floor. The building is a base for community services including Health Visitors for the area. The reception and waiting area are on the ground floor with wheelchair access to the entrance of the building. There are toilet facilities on the ground floor. There is pre-payable off street parking in the surrounding area. There are good transport links with bus and tube stations nearby.

The practice provides NHS services through a General Medical Services (GMS) contract to patients' and is part of a primary care network of GP practices called the Central Network.

We previously inspected the provider in October 2014 when the provider was rated as good over and good in all areas, including patient population groups.

The full comprehensive reports of the previous inspections can be found by selecting the 'all reports' link for Hammersmith Surgery on our website at www.cqc.org.uk.

The practice provides NHS primary care services to approximately 10 889 patients, and operates under a General Medical Services (GMS) contract. In addition, the practice holds a Directed Enhanced Services Contract. This is a contract between general practices and NHS England for delivering services to the local community. The practice is part of the Hammersmith and Fulham GP Federation and the NHS North West London Clinical Commissioning Group (CCG).

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, and maternity and midwifery services.

The practice was registered with the Care Quality Commission in April 2013 to carry out the following regulated activities: diagnostic and screening procedures, treatment of disease, disorder or injury, surgical procedures, family planning, and maternity and midwifery services.

There are three GP partners who lead the clinical service at the practice. There are four salaried GPs, a clinical

pharmacist, a practice nurse and a pharmacy assistant and two GP Registrars in training. A practice manager leads the administration team of a reception manager and seven receptionists/administration staff.

The practice population is in the fourth most deprived decile in England. The practice population is ethnically diverse with 69% of patients from a white Caucasian background and 31% from black, middle eastern and south-east Asian ethnicities. There is a higher than the national average number of patients between 20 and 44 years of age. There is a lower than the national average number of patients 60 years plus. Information published by Public Health England, rates the level of deprivation within the practice population group as three, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice is open Monday to Friday between the core hours of 8am-6.30pm. Extended hours are offered 6.30pm-7.30pm on Tuesday and Wednesdays and on Saturday mornings between 8.00am-11.00am. Patients may book appointments by telephone, online or in person.

When the practice is closed, patients are directed to contact the local out of hours service and NHS 111. Out of hours services are provided by London Central and West and contact details are communicated in a recorded message accessed by calling the practice when it is closed, or by accessing the information on the practice website.

Extended hours services are available at three practices across the borough in the evening between 6.30pm-8.00pm or at the weekend. During the practice's opening hours, patients may request to book an appointment at one of these sites for an evening or weekend appointment. On Saturdays, at all sites, pre-bookable practice nurse appointments are available

which can be booked through the practice. Information is available on the practice website regarding GP extended hours services open to all patients in the borough running 7 days a week in Hammersmith and Fulham.

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> <ul style="list-style-type: none">• The provider could not demonstrate they operated safeguarding systems and practices in a way that kept people safe.• The practice did not have complete fire safety systems in place.• The practice did not have reliable systems in place to manage the practice premises safely.• The provider could not demonstrate they operated safe recruitment systems within the practice.• The provider could not demonstrate they have an effective system in place to safely manage infection prevention and control (IPC) practices.• The provider could not demonstrate they operated cold chain practices in accordance with national guidance. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act.</p>
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>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.</p>

This section is primarily information for the provider

Requirement notices

In particular we found:

- The provider could not demonstrate they have an effective system in place to safely manage patients who had been referred via the urgent two week-wait system.
- The provider could not demonstrate they have an effective system in place to safely manage regarding patient safety alerts.
- The provider could not demonstrate they have a fail-safe system in place to safely manage and monitor cervical smear screening.
- The provider could not demonstrate that all staff had the skills, knowledge and experience to carry out their roles safely and effectively.
- The provider could not demonstrate that all staff had formal appraisals undertaken on a regular basis.
- The provider could not demonstrate they had a fail-safe process in place regarding significant events.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.