

# Park Royal Medical Practice

## Inspection report


Central Middlesex Hospital  
Ground Floor, Acton Lane  
London  
NW10 7NS  
Tel: 020 8961 1183  
www.parkroyalmedicalpractice.nhs.uk

Date of inspection visit: 30 April 2019  
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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?

Good 

Are services well-led?

Requires improvement 

# Overall summary

We carried out an announced comprehensive inspection at Park Royal Medical Practice on 30 April 2019.

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.
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## **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 had limited safeguarding systems in place to ensure that children and vulnerable adults are reviewed regularly.
- The practice did not have appropriate systems in place for the safe management of test results.
- The practice did not have appropriate systems in place for the safe management of medicines including controlled drugs.
- The practice was unable to demonstrate they had audited all prescribers within the practice.

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

- There was limited monitoring of the outcomes of care and treatment.
- The practice was unable to demonstrate that staff had the skills, knowledge and experience to carry out their roles.
- Patient outcomes were hard to identify as limited clinical audits had been carried out to improve the quality of care. There was limited evidence that the practice was comparing its performance to others; either locally or nationally.
- Some performance data was below local and national averages.

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

- 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 formal succession plans in place for when senior members of staff plan to retire.
- 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.

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 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:

- Improve the identification of carers to enable this group of patients to access the care and support they need.
- Ensure that information regarding interpreter services, for patients whose first language is not English, is displayed prominently.
- Ensure that all staff including practice nurses have annual appraisals.
- Ensure information regarding how to make a complaint is easily accessible for patients.
- Ensure practice policies are reviewed and updated regularly.
- Ensure non-clinical staff undertake basic life support training regularly.

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

# Overall summary

**Dr Rosie Benneyworth BM BS BMedSci MRCGP**

**Chief Inspector of Primary Medical Services and  
Integrated Care**

## Population group ratings

<b>Older people</b>	<b>Good</b> 
<b>People with long-term conditions</b>	<b>Requires improvement</b> 
<b>Families, children and young people</b>	<b>Requires improvement</b> 
<b>Working age people (including those recently retired and students)</b>	<b>Requires improvement</b> 
<b>People whose circumstances may make them vulnerable</b>	<b>Requires improvement</b> 
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Requires improvement</b> 

## 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 an assistant CQC inspector who was shadowing the team.

## Background to Park Royal Medical Practice

Park Royal Medical Practice is situated within Central Middlesex Hospital, London NW10 7NS. There are good transport links with bus services and tube stations nearby. The surgery has good transport links and there is a pharmacy located nearby.

This is the first inspection of this practice following a merger between Acton Lane Surgery and Harness Harlesden Practice in 2018.

The full comprehensive reports of the previous inspections for the merged practices can be found by selecting the 'all reports' link for Acton Lane Surgery and Harness Harlesden Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Park Royal Medical Practice provides NHS services through a Primary Medical Services (PMS) contract to 7069 patients and offers enhanced services to its patients, for example, automatic blood pressure monitoring (ABPM) and electrocardiograph (ECG). This is a contract between general practices and NHS England for delivering services to the local community. The practice is part of the NHS Brent Clinical Commissioning Group (CCG).

The practice registered with CQC in March 2018 to carry out the following regulated activities: diagnostic and screening procedures, surgical procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury.

Park Royal Medical Practice is part of Harness Care Co-Operative Limited which is comprised of 21 general practices overall. The clinical team is led by a clinical lead GP who is the lead responsible clinician and CQC registered manager, a lead GP, three female salaried GPs and two long term locum GPs. Two GPs from the clinical team specifically provide clinical sessions for a care home and a residential home. There are three female practice nurses, one full-time and two part-time. There is a practice manager and six administration staff/receptionists, one of whom is trained as a healthcare assistant.

The practice population is in the second most deprived decile in England. There are higher than average numbers of patients in the 25 to 44 age range, with the number of people over the age of 65, 75 and 85 years lower than the national average. 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 reception is open Monday to Friday between 8.00am-6.30pm and Saturday from 9.00am to 1.00pm. Patients can book appointments in advance using online

services, in person or by telephone. 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 Care UK 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.

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

#### Regulated activity

#### Regulation

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

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

- Care and treatment must be provided in a safe way for service users.
- How the regulation was not being met:
- In particular we found:
- The provider did not have effective arrangements in relation to staff immunisations and infection prevention and control, to ensure they were safe and in line with national guidance.
- The provider did not submit evidence regarding risk assessments for fire safety and legionella.
- The provider did not submit records to demonstrate that all clinical equipment had been pat tested and calibrated.

**This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

#### Regulated activity

#### Regulation

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

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.
- How the regulation was not being met:
- In particular we found:

This section is primarily information for the provider

## Requirement notices

- Governance arrangements lacked clarity. The arrangements regarding practice policies, staff training, and risk assessments were not operated effectively, for example, policies were not always viewed on a regular basis and did not all contain sufficient information.
- The provider did not have systems in place to effectively manage test results, cervical smear results and 2WW referrals.
- There was limited evidence of safeguarding systems and processes.
- The provider did not have a system or process in place to safely manage test results.
- The provider did not have a system or process in place to safely manage high-risk medicines.
- The provider did not have effective arrangements in place regarding prescribing audits, and for the monitoring of prescription pads when used outside the practice premises.
- The practice did not yet have embedded systems of continuous improvement and clinical oversight to ensure that patient care was provided in line with best practice.
- The follow up system to improve quality outcomes for patients was ineffective, for cervical cancer screening and childhood immunisations.

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

### Regulated activity

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

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing  
**The provider had not ensured that persons providing care or treatment to service users had the qualifications, competence, skills and experience to do so safely.**

### Regulated activity

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

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

This section is primarily information for the provider

## Requirement notices

The provider had not ensured that safe and appropriate recruitment processes were in place to assure themselves of the suitability and competency of persons prior to employment.