

Chelsea Medical Services

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

Inspected but not rated



Are services safe?

Inspected but not rated



Are services effective?

Inspected but not rated



Are services well-led?

Inspected but not rated



Overall summary

We carried out an announced desk-top based focused inspection of Chelsea Medical Services on 22 and 29 September 2020.

The practice was previously inspected on 11 November 2019, when they were rated inadequate overall (inadequate in safe, effective and well-led) and placed in special measures. At that inspection we issued warning notices for breaches of Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance).

The report of the previous inspection can be found by selecting the 'all reports' link for Chelsea Medical Centre on our website at www.cqc.org.uk.

This desk-based focused inspection, on 22 and 29 September 2020, was to follow-up on the warning notices issued following the November 2019 inspection. At that inspection we found concerns in relation to safeguarding, recruitment, staff training, infection prevention and control, high-risk medicines monitoring, medicine management, storage of patients' records, health & safety monitoring, patient safety alerts and general governance systems.

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 providers, patients, the public and other organisations

This report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information without visiting the provider.

This was an unrated inspection.

We found the provider had made improvements in providing **safe** services. In particular we found the provider had made improvements in their systems and processes in relation to safeguarding, recruitment, infection prevention and control, high-risk medicine monitoring, medicine management, storage of patients' records, health and safety monitoring and compliance with patient safety alerts.

We found the provider had made improvements in providing **effective** services. In particular we found the provider had made improvements in relation to effective staffing and monitoring patient outcomes. However, improvement was still necessary in relation to cervical screening and childhood immunisation achievement rates.

We found the provider had made improvements in providing **well-led** services in relation to good governance and had implemented systems and processes in response to the findings of the previous inspection outlined in the warning notice for Regulation 17 (Good governance).

The areas where the practice **must** make improvements are:

- Improve cervical screening and childhood immunisation achievement rates to bring in line with national targets.

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

- Develop a comprehensive program of quality improvement activity including clinical audit to drive improvement in patient outcomes.

Overall summary

The service will remain in special measures and this will be reviewed at a follow-up comprehensive inspection in line with our current inspection criteria.

Details of our findings are set out in the evidence table.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

Older people	Not inspected 
People with long-term conditions	Not inspected 
Families, children and young people	Not inspected 
Working age people (including those recently retired and students)	Not inspected 
People whose circumstances may make them vulnerable	Not inspected 
People experiencing poor mental health (including people with dementia)	Not inspected 

Our inspection team

Our desk-based focused inspection team was led by a CQC lead inspector. The team included a GP specialist advisor who undertook a remote clinical note review with the consent of the provider.

Background to Chelsea Medical Services

Chelsea Medical Services is located at 45 Rosary Gardens, Kensington, London, SW7 4NQ. There are good transport links with tube stations and buses and there is a pharmacy nearby. The practice provides NHS services through a Primary Medical Services (PMS) contract to 3100 patients. The practice is part of the West London Clinical Commissioning Group (CCG) and is part of the Kensington and Chelsea South Primary Care Network and Kensington and Chelsea GP Federation.

There are three GP partners who run the service at the practice. The practice employs a clinical team which includes a locum GP, a clinical pharmacist, a healthcare assistant who work a combination of full and part time hours. The administration team is led by a practice manager and includes two receptionists/administrators.

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

The practice population is in the seventh most deprived decile in England. 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 level of deprivation and level ten the lowest. There is a higher than the national average number of patients between 15 and 44 years of age.

The practice reception is open on Monday between 8.00am-8.00pm, and Tuesday-Friday between:8.00am-6.30pm. 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 via NHS 111. This information can be accessed 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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.</p> <p>In particular we found:</p> <p>The systems the provider had implemented to improve cervical screening and childhood immunisation uptake were ineffective in that achievement rates remained significantly below national targets.</p>