

# The Southall Medical Centre

## Quality Report

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Date of inspection visit: 03/11/2016

Date of publication: 29/03/2017

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 service

Good



Are services safe?

Good



# Summary of findings

## Contents

### Summary of this inspection

Overall summary	2
The five questions we ask and what we found	3
Areas for improvement	4

### Detailed findings from this inspection

Why we carried out this inspection	5
Detailed findings	6

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection on 20 January 2015 at The Southall Medical Centre. At that inspection the practice was rated good overall, but as requires improvement for some aspects of providing safe services. The full comprehensive report on the 20 January 2015 inspection can be found by selecting the 'all reports' link for The Southall Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was a desk-based review carried out on 3 November 2016 to check that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 20 January 2015. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice remains rated as good. Following the desk-top review we found the practice to be good for providing safe services.

Our key findings were as follows:

- Patients with long-term conditions were reviewed by practice nurses under the supervision of doctors and within clinical protocol.

- An automated external defibrillator (AED) (used to attempt to restart a person's heart in an emergency) was available and maintained as part of the emergency equipment schedule.
- A comprehensive locum doctor information pack was available which supported safe and effective care.
- There was a process in place to ensure patient safety alerts had been acted upon.
- All staff had received safeguarding children training to a level relevant to their role.
- Medicines requiring refrigeration were stored in line with guidance.
- The practice continued to monitor access to the practice by telephone through surveys and patient feedback which had resulted in increasing the number of staff answering the telephone at peak times and initiating patient queuing to the telephony system. However, the current national GP patient survey showed only 29% of patients found it easy to get through on the telephone which was lower than the local average of 67% and the national average of 73%.

The areas where the provider should make improvement are:

- Continue to monitor telephone access to the practice.

**Professor Steve Field CBE FRCP FFPH FRCGP**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### **Are services safe?**

The practice is rated as good for providing safe services as improvements had been made in relation to effective clinical oversight of staff, information available for locum doctors and responding to a medical emergency.

**Good**



# Summary of findings

## Areas for improvement

### Action the service **SHOULD** take to improve

- Continue to monitor telephone access to the practice.

# The Southall Medical Centre

## Detailed findings

### Why we carried out this inspection

We carried out an announced comprehensive inspection on 20 January 2015 at The Southall Medical Centre. At that inspection the practice was rated good overall, but as requires improvement for some aspects of providing safe services. The full comprehensive report on the 20 January 2015 inspection can be found by selecting the 'all reports' link for The Southall Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was a desk-based review carried out on 3 November 2016 to check that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 20 January 2015. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice remains rated as good. Following the desk-top review we found the practice to be good for providing safe services.

# Are services safe?

## Our findings

At our previous inspection on 20 January 2015, we rated the practice as requires improvement for providing safe services as arrangements in relation to effective clinical oversight of a healthcare assistant undertaking annual review of patients with long-term conditions required improvement. It was also noted that the practice should review information available for locum doctors and address how it responds to a medical emergencies.

These arrangements had significantly improved when we undertook a desk-top review on 3 November 2016. The practice is now rated as good for providing safe services.

### Overview of safety systems and processes

At our previous inspection the practice were unable to demonstrate effective clinical oversight of an healthcare assistant undertaking annual review of patients with long-term conditions. At our inspection on 3 November 2016 the practice told us that patients with long-term conditions were no longer reviewed by the healthcare assistant but were now managed by practice nurses under the supervision of the doctors and within clinical protocol. The practice provided evidence of protocols for patients with diabetes, hypertension and asthma.

At our previous inspection we noted that information available for locum doctors was limited. At our inspection on 3 November 2016 the practice provided a comprehensive locum information pack which supported safe and effective care.

### Arrangements to deal with emergencies and major incidents

At our previous inspection the practice did not have access to an automated external defibrillator (AED) (used to attempt to restart a person's heart in an emergency) and had not risk assessed if this was necessary. At our inspection on 3 November 2016 the practice provided evidence that an AED had been purchased and provided a copy of a log book to confirm the AED was maintained as part of the emergency equipment schedule.

At our inspection on 20 January 2015 we made other observations which the practice has now addressed:

- The practice were unable to demonstrate an effective system to monitor that patient safety alerts had been acted upon. At our inspection on 3 November 2016, the practice told us that it had reviewed its alert protocol and provided evidence of a comprehensive log which listed all alerts received and action taken in response to each alert. We saw evidence from meeting minutes that patient safety alerts were also a standing agenda item at practice meetings.
- The practice could not provide evidence that all staff had undertaken safeguarding children training to a level appropriate to their role. At our inspection on 3 November 2016 the practice provided evidence of training certificates for all staff which included level three safeguarding children training for doctors, level two for practice nurses and level one for non-clinical staff.
- The practice were only recording the actual daily fridge temperature and not the maximum and minimum temperatures recommended in line with guidance. At our inspection on 3 November 2016 the practice provided evidence of the fridge temperature log book which showed maximum and minimum temperatures were recorded daily. We noted that all temperature recordings were within the recommended ranges.