

Devonshire Lodge Practice

Inspection report

The Devonshire Lodge Health Centre
2a Abbotsbury Gardens, Eastcote
Pinner
HA5 1TG
Tel: 02088660075
www.devonshirelodge.co.uk

Date of inspection visit: 2, 3 and 4 November 2021
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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?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced inspection at Devonshire Lodge Practice on 2, 3 and 4 November 2021. Overall, the practice is rated as Requires Improvement.

Set out the ratings for each key question:

Safe - Requires improvement

Effective - Good

Caring - Good

Responsive - Good

Well-led - Requires improvement

Following our previous inspection on 1 March 2016, the practice was rated Good overall and for all key questions.

The full reports for previous inspections can be found by selecting the 'all reports' link for Devonshire Lodge Practice on our website at www.cqc.org.uk.

Why we carried out this inspection

This was a comprehensive inspection. At this inspection we covered all key questions:

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

How we carried out the inspection

Throughout the pandemic, CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system and discussing findings with the provider.
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A short site visit

Overall summary

Our findings

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 found that:

- There was a lack of good governance in some areas.
- Recruitment checks including Disclosure and Barring Service (DBS) were not always carried out in accordance with regulations or records were not kept in staff files.
- The practice did not have any formal monitoring system in place to assure themselves that blank prescription forms were recorded correctly, and their use was monitored in line with national guidance.
- Risks to patients were not assessed and well managed in relation to some emergency medicines and staff vaccinations.
- Some clinical and non-clinical staff had not received safeguarding children, safeguarding adults, infection control and fire safety training relevant to their role.
- The practice was unable to provide documentary evidence of a legionella risk assessment and electrical installation condition inspection.
- Our clinical records searches showed that the practice had an effective process for monitoring patients' health in relation to the use of medicines including high-risk medicines, with the exception of patients being prescribed medicine used to treat thyroid hormone deficiency.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.

We found two breaches of regulations. The provider **must**:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

Whilst we found no breaches of regulations, the provider **should**:

- Improve the monitoring of patients' medicines, in particular medicines prescribed to treat thyroid hormone deficiency.
- Improve the monitoring of infection control procedures.

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

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Devonshire Lodge Practice

Devonshire Lodge Practice is located in the Pinner area in West London at:

The Devonshire Lodge Health Centre

2a Abbotsbury Gardens, Eastcote

Pinner

Middlesex

HA5 1TG

We visited this location as part of this inspection activity.

The practice building is situated at the rear of a large public car park that can be used by patients. The practice is located on the ground floor in purpose-built premises and is shared with another GP practice and other services provided within the NHS. The practice is fully accessible.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services, family planning and treatment of disease, disorder or injury and surgical procedures.

The practice is situated within the Hillingdon Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 8,350. This is part of a contract held with NHS England.

The practice is part of the North Connect Primary Care Network (PCN).

Information published by Public Health England, rates the level of deprivation within the practice population group as ten, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

According to the latest available data, the ethnic make-up of the practice area is 17% Asian, 76% White, 2% Black, 3% Mixed, and 2% Other.

The majority of the patients within the practice are of working age. Older people practice population is higher than the local and national averages.

There are three GP partners, a salaried GP, a retainer GP, a long-term locum GP and two ST3 trainee GPs. Two GPs are female and six are male. The practice employs two practice nurses and a health care assistant. The partners are supported by a managing director, reception supervisor and a team of administrative and reception staff. A clinical pharmacist (employs by the primary care network) is offering six sessions per week at the practice.

The practice is a training practice. There are 2 ST3 GPs at the practice currently.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations. If the GP needs to see a patient face-to-face then the patient is offered an appointment.

Extended access is provided locally by the Hillingdon Confederation, where late evening and weekend appointments are available. Out of hours services are provided by Practice Plus.

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 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>How the regulation was not being met:</p> <p>The provider had not done all that was reasonably practicable to assure systems and processes were established and operated effectively to ensure compliance with requirements to demonstrate good governance.</p> <p>In particular, we found:</p> <ul style="list-style-type: none">• There was a lack of good governance in some areas.• The practice did not have any formal monitoring system in place to assure themselves that blank prescription forms were recorded correctly, and their use was monitored in line with national guidance.• Risks to patients were not assessed and well managed in relation to some emergency medicines, and staff vaccinations.• Some clinical and non-clinical staff had not received safeguarding children, safeguarding adults, infection control and fire safety training relevant to their role.• The practice was unable to provide documentary evidence of a legionella risk assessment and electrical installation condition inspection. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p>

This section is primarily information for the provider

Requirement notices

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed.

In particular, we found:

- Recruitment checks including Disclosure and Barring Service (DBS) were not always carried out in accordance with regulations or records were not kept in staff files.

This was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.