

# Meanwhile Garden Medical Centre

## Quality Report

Unit 5,  
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Date of inspection visit: 15 December 2016

Website: [www.meanwhilegardenmedicalcentre.co.uk](http://www.meanwhilegardenmedicalcentre.co.uk) Date of publication: 02/02/2017

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	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

This is a focused desk top review of evidence supplied by Meanwhile Garden Medical Centre, for areas within the key question effective. This review was completed on 15 December 2016. The practice is rated as good overall and in all five key domains.

We undertook a comprehensive inspection of Meanwhile Garden Medical Centre on 7 July 2015. The practice was rated as overall inadequate. Due to the inadequate rating the practice was placed in special measures. Two warning notices and two requirement notices were also issued.

We then carried out an announced comprehensive inspection on 12 April 2016 to consider if all regulatory breaches in the July 2015 inspection had been addressed and to consider whether sufficient improvements had been made to bring the practice out of special measures.

At the inspection in April 2016 we found significant improvements had been made and overall the practice was rated as good. However, the key question effective

was identified as 'requires improvement', as the practice was not meeting the legislation around mental capacity. The practice was issued a requirement notice under Regulation 11, Need for Consent.

Although staff had received training in relation to consent, not all staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

After our inspection in April 2016 the practice supplied an action plan and a range of documents which demonstrated they are now meeting the requirements of Regulation 11 Need for Consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However, at the time of the desk top review, the practice had not displayed CQC performance ratings on their website in line with Regulation 20A.

The area where the practice should make improvements is:

- Display the details of CQC's website, the most recent CQC rating and the date it was given on the Meanwhile Garden Medical Centre website.

# Summary of findings

**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.

This rating was given following the comprehensive inspection in January 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



### Are services effective?

At the inspection in April 2016, we found that while staff had received training in relation to consent, not all staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. One GP partner was unable to demonstrate that they would be able to assess a patient's capacity.

The practice provided documentary evidence to demonstrate that additional training had been undertaken and staff and GPs were clearly aware of their responsibilities with regards to consent under the Mental Capacity Act.

They also provided evidence of improved QOF performance year to date and two full two clinical audits.

Other areas within the key question effective were identified as compliant during the inspection in April 2016 and were not reviewed during this documentary review.

Good



### Are services caring?

The practice is rated as good for providing caring services.

This rating was given following the comprehensive inspection in January 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

This rating was given following the comprehensive inspection in January 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



### Are services well-led?

The practice is rated as good for providing well-led services.

Good



# Summary of findings

This rating was given following the comprehensive inspection in January 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The practice is rated as good for the care of older people.

This rating was given following the comprehensive inspection in January 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

This rating was given following the comprehensive inspection in January 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people.

This rating was given following the comprehensive inspection in January 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



### Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people.

This rating was given following the comprehensive inspection in January 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



### People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

This rating was given following the comprehensive inspection in January 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



# Summary of findings

## People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health.

This rating was given following the comprehensive inspection in January 2016. A copy of the full report following this inspection is available on our website:

<http://www.cqc.org.uk/search/services/doctors-gps>

Good



# Summary of findings

## What people who use the service say

As part of this focused desk top review we did not speak to any people who use the service.

## Areas for improvement

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

- Display the details of CQC's website, the most recent CQC rating and the date it was given on the Meanwhile Garden Medical Centre website.



# Meanwhile Garden Medical Centre

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

A CQC inspector who reviewed and analysed the documentary evidence submitted.

## Background to Meanwhile Garden Medical Centre

Meanwhile Garden Medical Centre is situated at Unit 5, 1-31 Elkstone Road, London, W10 5NT. The practice provides primary medical services through a General Medical Services (GMS) contract to 2,896 patients in West London (GMS is one of the three contracting routes that have been made available to enable commissioning of primary medical services). The practice is part of the NHS West London Clinical Commissioning Group (CCG).

The ethnicity of the practice population is mainly white with a higher than national average number of people between 20 and 60 years of age. The local area is the second most deprived in the West London CCG (people living in more deprived areas tend to have greater need for health services).

The practice team consists of a male GP partner (one whole time equivalent), a female GP partner (one whole time equivalent), a part time business manager, a practice manager, a practice nurse, two healthcare assistants, and three reception/ administration staff. The GP partners operate a 'personal list' system whereby patients choose their preferred GP on registering at the practice. Patients can change GP at any time according to their wishes.

The practice offers a number of services including chronic disease management, family planning, maternity services, cervical screening, child and travel immunisations, joint injections, smoking cessation, ECGs, chlamydia screening, phlebotomy and substance misuse services.

The service is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder and injury, surgical procedures, family planning and maternity and midwifery services.

The practice opening hours are Monday to Friday 8am to 6.30pm apart from Thursday where the practice closes at 1pm. The practice provides extended hours from 9am to 12 midday on Saturdays. The practice closes for lunch between 1pm and 2pm however urgent requests are dealt with through the telephone system.

When the practice is closed patients are directed to the NHS 111 service to access out-of-hours services (OOH). There is also an NHS Walk-in Centre in the locality.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme on 15 December 2016. This inspection was a planned focused desk top review to check whether the provider had taken the required action and was now meeting the legal requirements and regulations associated with the Health

## Detailed findings

and Social Care Act 2008 (Regulated Activities) Regulations 2010, now amended by the current legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### How we carried out this inspection

At the inspection in April 2016, we found that the practice required improvement in the effective domain. Following

the inspection the practice supplied an action plan with timescales telling us how they would ensure they met Regulation 11 Need for Consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In line with their agreed timescale the practice supplied a range of documentary evidence to demonstrate how they had improved their practices in relation to dignity and respect and good governance.

We reviewed this information and made an assessment of this against the regulations.

# Are services safe?

## Our findings

Please note this is a focused desk top review of well-led care and treatment under the key question well-led. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following web site <http://www.cqc.org.uk/search/services/doctors-gps>

# Are services effective?

(for example, treatment is effective)

## Our findings

At the inspection in April 2016, we found that although staff, specifically a GP partner, had received training in relation to consent, not all staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. There were specific concerns regarding clinical decision making around mental capacity and Do Not Attempt Cardiopulmonary Resuscitation (DNACPR, a plan put into place to help patients, families and clinical staff around emergency care options for severely ill patients).

During the inspection in April 2016, there was evidence of some work to improve patient outcomes in the Quality and Outcomes Framework, QOF (QOF is a system intended to improve the quality of general practice and reward good practice), though results remained below local and national comparators. We also saw evidence clinical audit was being used but only one two cycle clinical audit had taken place at the time of the inspection.

During this inspection, the practice provided evidence that additional training had been accessed and they had reviewed the practice policy on mental capacity. We were given assurance that the GP had been fully updated on clinical responsibilities around decision making and assessment of patients' mental capacity to give consent and the policy had been updated to reflect this.

The practice also provided current performance in the QOF and validated data for 2015/16 (QOF is a system intended to improve the quality of general practice and reward good practice). Data submitted by the practice showed that:

- In 2015/16, 56% of patients on the asthma register had attended a review of their condition in the previous 12 months, as of December 2016 the practice had increased this to 70%.
- In 2015/16, 56% of patients with chronic obstructive pulmonary disease (COPD, a lung condition) had a full review, as of December 2016 this was 69%.
- In 2015/16, 59% of patients on the dementia register had a full review; this had increased to 79% as of December 2016.
- In 2015/16, 79% of patients on the register had a blood pressure within a normal range, in December 2016, this had increased to 85%.
- In 2015/16, 43% of patients on the mental health register had attended a full review; this had increased to 71% as of December 2016.

The practice also shared current completed clinical audits with us. One of these was a two cycle audit on follow up care for patients who have had prostate cancer. This demonstrated an increase in annual testing from 93% to 100% and identified ongoing improvements to patient care. The second audit was on cervical cytology, which demonstrated that the GP and nurse both had low levels of inadequate samples.

## Are services caring?

### Our findings

Please note this is a focused desk top review of well-led care and treatment under the key question well-led. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following web site:

<http://www.cqc.org.uk/search/services/doctors-gps>

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

Please note this is a focused desk top review of well-led care and treatment under the key question well-led. We did not review this key question.

Please refer to the comprehensive inspection report for this service that is available on our website at the following web site:

<http://www.cqc.org.uk/search/services/doctors-gps>

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

Please note this is a focused desk top review of safe care and treatment within the key question safe. We did not review this key question, however, the practice provided evidence which showed they had made improvements in responsive care as well as the key question effective. This demonstrated commitment to continuous improvement in the service provided to patients.

The practice provided evidence which showed they had recruited an additional health care assistant who was trained in spirometry and ECGs. An ECG monitor had been installed and ECG testing was now available during the week and on Saturday mornings. They had also recruited an additional member of administrative staff who had time allocated for monitoring and contacting patients on the long-term condition register or those identified as at risk and needing additional care.

The practice was in the process of converting an additional clinical room to increase the space available for patient care and had applied for an improvement grant to support this work.

Since October 2016, the practice had also facilitated monthly Diabetes Prevention Programme (DPP) sessions. Patients (both practice and from other local practices) who were identified as at high risk of developing diabetes were invited to one to one sessions, which were proving successful. Group sessions were planned in future also.

Please refer to the comprehensive inspection report for this service that is available on our website at the following web site:

<http://www.cqc.org.uk/search/services/doctors-gps>