

Yeading Medical Centre

Inspection report

18 Hughenden Gardens

Northolt

UB5 6LD

Tel: 02088453434

www.yeadingmedicalcentre.nhs.uk

Date of inspection visit: 10 March 2022

Date of publication: 12/05/2022

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 well-led?

Requires Improvement



Overall summary

We carried out an announced inspection at Yeading Medical Centre on 15 March 2022. Overall, the practice is rated as Requires Improvement.

Safe - Requires Improvement

Effective - Requires Improvement

Well-led - Requires Improvement

Following our previous inspection on 24 February 2017, 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 Yeading Medical Centre on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was a focused inspection to follow up on:

- *Specific concerns or risks*

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

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

Overall summary

We found that:

- Patients on high risk medications were not always monitored appropriately.
- The practice did not have an effective system to implement patient safety alerts. Some patients who had long term diseases had not received their blood tests and reviews in a timely manner.
- Records of DNACPR were not always complete, contemporaneous or easy to follow. In some cases appropriate DNACPR documentation forms were not present, and patients had not had a review of their DNACPR within the last 12 months.
- There was not yet an established leadership team in place.
- Governance around patient safety alerts was not robust.
- Quality improvement measures were not properly in place nor embedded into everyday practice.
- There was not effective oversight of risks, such as management of patients on high-risk medicines.

We found a breach of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

The provider **should**:

- Appropriately review and monitor patients with long term conditions or DNACPRs.
- Keep clear and up to date records, particularly for patients with long term conditions or DNACPRs.
- Continue efforts to increase uptake of childhood immunisations and screening tests.

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 with a CQC inspection manager. 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 Yeading Medical Centre

Yeading Medical Centre is located in Northolt at:

18 Hughenden Gardens

Northolt

Middlesex

UB5 6LD

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

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The practice is situated within the Ealing Borough of North West London Clinical Commissioning Group (CCG). The practice patient population resides within both Ealing and Hillingdon CCGs and it delivers General Medical Services (**GMS**) to a patient population of about 7000. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices in the Northolt Primary Care Network (PCN).

The practice was previously run together with a neighbouring practice as a partnership however, this was dissolved in April 2021 when the lead GP began providing services at Yeading Medical Centre as a sole provider. When the partners separated, many staff left employment and Yeading Medical Centre has recruited large numbers of staff to continue service provision, many of them only employed since December 2021. The practice was without a permanent practice manager for an extended period of time and has sought support with this from the CCG, primary care network (PCN) and the Royal College of General Practitioners (RCGP). The practice has been working on implementing the recommendations of the RCGP consultation and there is an action plan in place.

Information published by Public Health England shows that deprivation within the practice population group is in the third lowest decile (three of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 27% Asian, 45% White, 18% Black, 5% Mixed, and 5% Other.

The age distribution of the practice population is younger than the national averages, with more patients aged under 18 and fewer patients aged 65 or over.

There is a single lead GP who provides cover with support from regular locum GPs. The practice has one nurse who provides nurse led clinics for long-term conditions and immunisations. The GPs are supported at the practice by a team of reception/administration staff. The practice has appointed a new practice manager due to commence employment in April 2022 and has an assistant practice manager already in post. Over 10 staff have been recruited since August 2021 and the practice is actively seeking team members.

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 however the practice is now offering more face to face consultations as well as video and e-consults. Patients have access to urgent same-day appointments, advance bookings and are able to request their choice of GP.

Out of hours services are provided by 111.

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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none">• An emergency medicine to treat severe pain and myocardial infarction (heart attack) was not available and there was no risk assessment for its omission. This was rectified on the day of inspection.• There was no proper and safe management for MHRA alerts.• There was no proper and safe management of medicines that required ongoing monitoring. In particular: We found that three out of five patients sampled on high risk medicines had not had their blood tests in a timely manner.• There were insufficient systems to ensure the safe management of people with long term conditions. <p>This was in breach of Regulation 12 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 Treatment of disease, disorder or injury	<p>Regulation 17 CQC (Registration) Regulations 2009 Notification of death or unauthorised absence of a person who is detained or liable to be detained under the Mental Health Act 1983</p> <ul style="list-style-type: none">• There were insufficient systems in place to monitor the efficacy of the service. <p>This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>