

# Earl's Court Surgery

## Inspection report

269 Old Brompton Road  
London  
SW5 9JA  
Tel: 02073702643

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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?

Good



Are services effective?

Requires Improvement



Are services well-led?

Requires Improvement



# Overall summary

We carried out an announced focused inspection at Earl's Court Surgery, with the remote clinical review on 1 September 2021 and site visit on 2 September 2021. Overall, the practice is rated as requires improvement.

Safe – Good

Effective – Requires improvement

Caring – Not inspected

Responsive – Not inspected

Well-led – Requires improvement

Following our previous inspection on 7 January 2020, the practice was rated requires improvement overall and specifically requires improvement for providing safe, effective and well-led services. We rated the practice as good for providing caring and responsive services.

The full reports for previous inspections can be found by selecting the 'all reports' link for Earl's Court Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## Why we carried out this inspection

This inspection was a focused inspection to follow up on whether:

- Care and treatment was being provided in a safe way to patients.
- There were effective systems and processes in place to ensure good governance in accordance with the fundamental standards of care.
- There were sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed to meet the fundamental standards of care and treatment.

## 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. The population groups have been rated as requires improvement for people with long term conditions; families, children and young people; working age people (including those recently retired and students); and people whose circumstances make them vulnerable. We have rated the practice as good for older people and people experiencing poor mental health (including people with dementia).**

**We have rated this practice as good for providing safe services because:**

- We found that blank prescriptions were kept in a locked cupboard but that there was not a log kept of prescriptions allocated out and received back.
- We observed that emergency medicines on site were organised, in date and effectively managed.
- We found that monitoring for patients prescribed DMARDs, and the high risk drugs Mirebegron and Spironolactone was completed appropriately.
- The practice had made improvements in relation to their infection prevention and control procedures and this was being managed effectively.
- The premises were well managed and there were effective systems for managing staff and training records.

**We have rated this practice as requires improvement for providing effective services because:**

- We found that patient treatment was not always regularly reviewed and updated. We found issues with the management of medicines and the following of national clinical guidance. In particular:
- Medication reviews were not always completed in detail in the medical records.
- We found that reviews of learning disability patients and palliative care patients were not always completed in detail.
- The practice had not met the minimum 80% uptake for all five of the childhood immunisation uptake inductions and the WHO based national target of 95%. The practice was working to improve the uptake of childhood immunisation.
- The practice's uptake for cervical screening was lower than the 80% coverage target for the national screening programme. The practice had a failsafe policy in place and the nursing staff were working toward improving the uptake in cervical smears.

**We have rated the practice as requires improvement for providing well-led services because:**

- The practice had a governance framework, however it was not always effectively managing risks. These included risks associated with prescribing medicines that required ongoing monitoring and reviewing patients prescribed repeat or multiple medicines in line with guidelines.
- The practice was not always keeping accurate or comprehensive clinical records.
- There were outstanding actions following the fire, disability access and legionella risk assessments carried out in November 2020.
- The practice had developed a system for monitoring two week wait referrals and conducted regular meetings and audits to detect delays.

# Overall summary

- There was a process in place for do not attempt cardiopulmonary resuscitation (DNACPR) decisions and we found one patient who had been coded but the relevant form had not been completed.
- We received feedback from the Patient Participation Group that the practice was open, sympathetic, helpful and had made its best efforts for patients during difficult circumstances.
- Staff spoke positively about their employment at the practice and felt supported.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

(Please see the specific details on action required at the end of this report).

In addition to the above, the practice **should**:

- Review the process for the security of blank prescription forms in line with national guidance.
- Review the process for prescribing medicines to patients living abroad and duration of supply of medication.
- Review the process for the recording and audit of DNACPR decisions.
- Review the practice process for monitoring patients at risk of female genital mutilation.
- Ensure sharps bins are signed and dated when assembled consistently.
- Ensure there is a system in place for the summarising of new patient notes and clear the backlog of records waiting to be summarised.

**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

## Population group ratings

Older people	Good	
People with long-term conditions	Requires Improvement	
Families, children and young people	Requires Improvement	
Working age people (including those recently retired and students)	Requires Improvement	
People whose circumstances may make them vulnerable	Requires Improvement	
People experiencing poor mental health (including people with dementia)	Good	

## 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 adviser who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

## Background to Earl's Court Surgery

Earl's Court Surgery is a GP practice located in the Kensington and Chelsea Local Authority. The surgery has good transport links.

Services are provided from: Earl's Court Surgery, 269 Old Brompton Road, London, SW5 9JA.

The practice is registered with the CQC to provide the regulated activities: Diagnostic and screening procedures; Family planning; Maternity and midwifery services; and Treatment of disease, disorder or injury.

Earl's Court Surgery is situated within the North West London Clinical Commissioning Group (CCG) and provides services to approximately 4000 patients under the terms of a General Medical Services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

There are two GP partners. The practice employs an advanced nurse practitioner and healthcare assistant. The practice manager is supported by a deputy practice manager and a team of administrative and reception staff. The practice is currently a member of a GP Federation and is affiliated with a primary care network.

According to the latest available data, the ethnic make-up of the practice is 66% White, 14% Asian, 7% Black, 7% Other ethnic groups and 6% Mixed. Information published by Public Health England rates the deprivation within the practice population group as five, on a scale of one to ten. Level one represents the highest level of deprivation and ten the lowest. The majority of the practice demographic is people of working age.

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 Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <ul style="list-style-type: none"><li>• The practice did not maintain an accurate record in respect of each patient. We saw evidence that medication reviews were not always completed in detail in the medical records. We were not assured that there were processes in place for reviewing medicines before prescribing.</li><li>• Reviews of learning disability and palliative care patients were not always completed in detail in the medical records.</li><li>• The practice had outstanding actions which were recommended following the fire, disability access and legionella risk assessment carried out in November 2020.</li><li>• There was electrical equipment on site that had not been appropriately PAT tested.</li></ul> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>