

# Sudbury and Alperton Medical Centre

## Inspection report

267 Ealing Road  
Wembley  
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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?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Requires improvement 

# Overall summary

We carried out an announced comprehensive inspection at Sudbury and Alperton Medical Centre on 25 February 2020 as part of our inspection programme.

At this inspection, we followed up on breaches of regulations identified at a previous inspection on 16 January 2019. We rated the practice as requires improvement overall in January 2019. Previous reports on this practice can be found on our website at: <https://www.cqc.org.uk/location/1-538804637>.

At this inspection, we found that the practice had demonstrated improvements in some areas, however, we found additional risks and they were required to make further improvements.

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 and requires improvement overall for all population groups.**

We rated the practice as **requires improvement** for providing safe, effective, responsive and well-led services because:

- Patient Group Directions (PGDs) had not been adopted by the practice to allow the locum nurse to administer medicines in line with legislation.
- Risks to patients were assessed and well managed in most areas, with the exception of those relating to the monitoring of fridge temperature checks, fire safety procedures, emergency medicines and Disclosure and Barring Service (DBS) checks were not always undertaken appropriately where required in a timely manner.
- Recruitment checks were not always carried out in accordance with regulations. Staff vaccination and professional registration were not regularly monitored.
- The practice antibacterial prescribing was higher than the local and national averages.

- The practice was unable to demonstrate that they had an effective system to monitor and improve patient outcomes for people with long-term conditions and people experiencing poor mental health.
- The practice's uptake of the national screening programme for cervical cancer screening and childhood immunisations rates were below the national averages.
- Some health and safety and staff documents were not accessible on the day of the inspection.
- The practice was unable to demonstrate that all staff had received annual appraisals and appropriate training relevant to their role.
- Feedback from patients reflected that they were not always able to access care and treatment in a timely way.
- The practice 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.

We rated the practice as **good** for providing caring services because:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.

We rated all population groups as **requires improvement** for providing effective and responsive services because they were all affected by the issues identified.

The areas where the provider **must** make improvements are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

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

The areas where the provider **should** make improvements are:

- Improve the monitoring of blank prescription forms in line with national guidance.

# Overall summary

- Continue to encourage and monitor cervical cancer screening and childhood immunisation uptake.
- Take action to ensure information leaflets are available in other languages and in easy read format.
- Consider reviewing the practice's website to see if it meets patients needs and expectations.
- Review the patient participation group (PPG) feedback.

**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

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

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor, a practice nurse specialist advisor and a practice manager specialist advisor.

## Background to Sudbury and Alperton Medical Centre

Sudbury and Alperton Medical Centre is located in Wembley and Harrow areas and is part of the Brent Clinical Commissioning Group (CCG).

Services are provided from following two premises. We visited both premises during this inspection.

Main location: 267 Ealing Road, Wembley. HA0 1EU.

Branch location: 228 Watford Road, Harrow. HA1 3TY.

The practice is part of the Primary Care Network (PCN) since July 2019. In addition, the practice is currently part of a wider network of 27 GP practices, working together to provide greater access for patients and providing services closer to a patient's home and where possible, outside of a hospital setting.

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

The practice provides services to 9,050 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 four GP partners and five locum GPs. Four GPs are male and five female. The practice employs a practice nurse and a locum practice nurse. The partners are supported by a practice manager and a team of administrative and reception staff. The practice was supported by a self-employed practice management consultant (one day per week).

Out of hours (OOH) service is provided by Care UK.

The practice population of patients aged 65 years old is lower than the national average. However, the practice informed us they have over 500 patients (6% of the patient's list size) on the elderly register (over 75 years).

Ethnicity based on demographics collected in the 2011 census shows the patient population is ethnically diverse and 72% of the population is composed of patients with an Asian, Black, mixed or other non-white backgrounds. The practice informed us they have a high number of patients from Gujarati ethnic background.

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

represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 82 years compared to the national average of 79 years. Female life expectancy is 86 years compared to the national average of 83 years.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is 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><b>How the regulation was not being met:</b></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><b>In particular, we found:</b></p> <ul style="list-style-type: none"><li>• Patient Group Directions (PGDs) had not been adopted by the practice to allow the locum nurse to administer medicines in line with legislation.</li><li>• Risks to patients were assessed and well managed in most areas, with the exception of those relating to the monitoring of fridge temperature checks, fire safety procedures, emergency medicines and Disclosure and Barring Service (DBS) checks were not always undertaken appropriately where required in a timely manner.</li><li>• Recruitment checks were not always carried out in accordance with regulations. Staff vaccination and professional registration were not regularly monitored.</li><li>• The practice antibacterial prescribing was higher than the local and national averages.</li><li>• The practice was unable to demonstrate that they had an effective system to monitor and improve patient outcomes for people with long-term conditions and people experiencing poor mental health.</li><li>• Some health and safety and staff documents were not accessible on the day of the inspection.</li><li>• Feedback from patients reflected that they were not always able to access care and treatment in a timely way.</li></ul> <p><b>This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>

This section is primarily information for the provider

## Requirement notices

### Regulated activity

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

#### **How the regulation was not being met:**

The provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:

- The practice was unable to demonstrate that all staff had received annual appraisals and appropriate training relevant to their role.

This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.