

# Pearl Medical Practice

## Inspection report

116 Chaplin 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?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



# Overall summary

We carried out an announced comprehensive inspection at Pearl Medical Practice (Dr Parita Mehta) on 18 February 2020 as part of our inspection programme.

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 for safe and well-led. We rated the practice good for effective, caring and responsive and in all the population groups.**

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

- The provider had not undertaken risk assessments to ensure the health and safety of staff and people using the service.
- Systems and processes to ensure good governance in accordance with the fundamental standards of care required had not always identified the shortfalls within the service.

We rated the practice as good for providing effective, caring and responsive services because:

- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- There was a clear leadership structure and staff felt supported by management.

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

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

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

- Continue to review and improve the uptake of cervical screening and the childhood immunisation programme.
- Review staff's understanding of the duty of candour.

**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>Good</b>	
<b>People with long-term conditions</b>	<b>Good</b>	
<b>Families, children and young people</b>	<b>Good</b>	
<b>Working age people (including those recently retired and students)</b>	<b>Good</b>	
<b>People whose circumstances may make them vulnerable</b>	<b>Good</b>	
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Good</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 CQC inspection manager (observer).

## Background to Pearl Medical Practice

Pearl Medical Practice (Dr Parita Mehta) operates from the Wembley Centre for Health & Care, 116 Chaplin Road, Wembley, Middlesex, HA0 4UZ. The practice operates on the ground floor of a purpose-built medical facility which was shared with other healthcare providers, including another GP practice. The practice has access to four clinical rooms and shared the reception and waiting area with a neighbouring GP practice.

The practice holds a General Medical Services (GMS) contract with NHS Brent Clinical Commissioning Group (CCG) and provides services to approximately 4,900 patients.

The practice is registered as an individual with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder or injury and maternity and midwifery services

The practice includes a female lead GP, a female salaried GP and a male salaried GP (totalling 17 clinical sessions

per week), a part-time practice nurse (18 hours) and part-time healthcare assistant (14 hour per week). A pharmacist is allocated to the practice two sessions per week from the Primary Care Network (PCN). The clinical team are supported by a practice manager and four administration and reception staff.

The practice core hours are between 8am and 6.30pm Monday to Friday. The practice does not offer any extended hours appointments. Patients can access GP and practice nurse appointments in the evening and weekends from several GP hubs in the area.

Information published by Public Health England rates the level of deprivation within the practice population group as five on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Data shows that almost 79% of patients at the practice area were from Black and Minority Ethnic (BME) groups.

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>The provider had not undertaken health and safety, premises and security and Control of Substances Hazardous to Health (COSHH) risk assessments to ensure the health and safety of staff and people using the service.</li></ul> <p><b>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services 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><b>The provider had not ensured that effective systems and processes were in place to ensure good governance in accordance with the fundamental standards of care. In particular, we found that governance systems had failed to identify that:</b></p> <ul style="list-style-type: none"><li>Not all staff had undertaken core training identified by the practice and there were no processes in place to alert the practice when training updates were due.</li><li>Business disruption and continuity processes contained out-of-date information and had not been practised.</li><li>The significant event process did not capture all potential learning opportunities to drive quality improvement.</li><li>Risk assessment of the practice area had not been undertaken and there was no oversight of facilities</li></ul>

This section is primarily information for the provider

## Requirement notices

management undertaken by NHS Property Services (NHSPS), specifically remedial work identified from building risk assessments, to be satisfied that all areas managed by NHSPS were compliant.

- Practice-specific policies contained out-of-date and insufficient information and did not always reflect the practice's procedures.

**This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**