

Windmill Medical Practice

Inspection report

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London
NW2 3PS
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Date of inspection visit: 28 June 2022
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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

Good 

Are services safe?

Requires Improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

We carried out an announced inspection at Windmill Medical Practice on 28 June 2022. Overall, the practice is rated as Good.

Set out the ratings for each key question

Safe - Requires improvement

Effective - Good

Caring - Good

Responsive - Good

Well-led - Good

This was the first inspection of this practice following a change in their registration with CQC. Following our inspection under the previous registration on 4 November 2015, the practice was rated Outstanding Good overall and for all key questions.

The full reports for previous inspections can be found by selecting the 'all reports' link for Windmill Medical Practice on our website at www.cqc.org.uk

Why we carried out this inspection

This inspection was a comprehensive inspection following a change in the provider's registration with CQC.

We looked at all five key questions we usually look at when carrying out a comprehensive inspection.

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

Overall summary

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 Good overall

We found that:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm. However there were some deficiencies in the care of patients prescribed a high risk medicine and gaps in fire risk assessments and sepsis training.
- 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 adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

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

- Ensure care and treatment is provided in a safe way to patients.

Whilst these were not a breach of regulations, the provider **should**:

- Review and improve the management of test results to ensure those actioned were archived appropriately.
- Review and improve performance in childhood immunisations and cervical screening.
- Continue to review findings of infection control audits to ensure recommendations are followed up on.
- Review and improve quality improvement activity to ensure a structured and regular programme.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

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

Background to Windmill Medical Practice

The Windmill Medical Practice provides NHS primary medical services to around 8900 patients in the Cricklewood and Kilburn areas of North West London, through a General Medical Services contract. The catchment area of the practice crosses three local authorities Brent, Barnet and Camden. The practice provides services from the main building and a branch surgery located at:

60 Cricklewood Broadway,
London,
NW2 3ET

This is a short walking distance away from the main site. Patients can access services at either site.

The practice team consists of three GP partners working a total of 18 sessions a week, three salaried GPs (one on maternity leave) working a total of 10 sessions a week, two nurses, two healthcare assistants, two phlebotomists, a clinical pharmacist, a practice manager, reception manager and four administrative and secretarial staff.

The practice is open between 8.00am-6.30pm on weekdays, closing for lunch between 12:30pm and 1.30pm. Appointments are available morning and afternoon. The practice also offers extended hours opening from 7.00am on Wednesday morning, and until 7.30pm on Monday

evening. The GPs undertake home visits for patients who are housebound or are too ill to visit the practice.

When the practice is closed, the practice has arranged for patients to access an out-of-hours primary care service. Patients ringing the practice when it is closed are provided with recorded information on the practice opening hours and instructions to call the “111” telephone line for directions on how to access urgent and out-of-hours primary medical care or, what to do in an emergency. This information is also provided in the practice leaflet and on the website. The practice also includes information on local urgent care centres and the local network ‘hub’ practices which offer appointments in the evening and at weekends.

The practice has a higher than average proportion of adult patients in the 20-44 age range. The proportion of young people is below the English average. The practice has fewer patients over 65 compared to the national average. Information published by Public Health England rates the level of deprivation within the practice population group as four on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. According to the latest available data, the ethnic make-up of the practice area is 60% White, 15% Asian, 12% Black, 6% other, and 6% mixed.

The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures and treatment of disease, disorder and injury. These are delivered from both sites.

The practice is part of Kilburn Primary Care Network; a wider network of GP practices.

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 Treatment of disease, disorder or injury Maternity and midwifery services	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure care and treatment was provided in a safe way in that:</p> <ul style="list-style-type: none">• Some patients prescribed high risk medicines, specifically Potassium sparing Diuretics (medicines used to increase the amount of fluid passed from the body in urine, whilst also preventing too much potassium being lost with it), had not been monitored accordingly.• Some staff sepsis training was overdue.• Fire risk assessments at both sites were overdue. <p>This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>