

# Wellesley Road Practice

## Inspection report

7 Wellesley Road  
London  
W4 4BJ  
Tel:

Date of inspection visit: 29 June 2022  
Date of publication: 22/09/2022

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 caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Requires Improvement	

# Overall summary

We carried out an announced inspection at Wellesley Road Practice on 29 June 2022. Overall, the practice is rated as **Requires Improvement**.

Set out the ratings for each key question

Safe - Requires improvement

Effective - Requires improvement

Caring - Good

Responsive - Good

Well-led - Requires improvement

## Why we carried out this inspection

This was a comprehensive inspection. This was a new registration and we carried out this inspection as part of our regulatory functions.

At this inspection we covered all key questions:

- Are services safe?
- Are services effective?
- Are services caring?
- Are services responsive?
- Are services well-led?

## How we carried out the inspection

Throughout the pandemic, CQC has continued to regulate and respond to risk. At this inspection, we visited the practice which included:

- Conducting staff interviews.
- 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.

## 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.
- Patient Group Directions (PGDs) were not signed by all the practice nurses.
- The practice's uptake of the national screening programme for cervical and breast cancer screening was below the national average.

# Overall summary

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The Patient Participation Group (PPG) was active.
- The practice carried out repeated clinical audits.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic.

**We have rated this practice as Requires Improvement overall.**

We found:

There was a lack of good governance in some areas.

- Safeguarding children and safeguarding vulnerable adults registers were not maintained or reviewed on a regular basis. Most of the cases were reviewed on an ad-hoc basis.
- Recruitment checks including Disclosure and Barring Service (DBS) were not always carried out in accordance with regulations and records were not kept in staff files.
- Risks to patients were not assessed and well managed in relation to health and safety, fire safety, staff vaccination and the management of legionella.
- The practice did not have any formal monitoring system in place to assure themselves that blank prescription forms were recorded correctly, and their use was monitored in line with national guidance.
- Annual appraisals were not carried out in a timely manner.
- Not all patients were able to access the telephone system in a timely manner.
- Our clinical records searches showed that the practice had an effective process for monitoring patients' health.
- Patient treatment was always regularly reviewed and updated.
- Structured medicines reviews for patients with long term conditions were carried out in a timely manner.
- Feedback from patients was positive about the way staff treated people.

We found three breaches 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.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

The provider **should**:

- Carry out an annual review of significant events.
- Take necessary steps to improve telephone access.
- Include necessary information of the complainant's right to escalate the complaint to the Ombudsman if they are dissatisfied with the response.
- Take necessary steps to address CQC registration issues.

**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 and included a GP specialist advisor.

They undertook a site visit and spoke with the staff and completed clinical searches and records reviews.

## Background to Wellesley Road Practice

Wellesley Road Practice is located in Chiswick, West London at:

7 Wellesley Road

London

W4 4BJ

We visited this location as part of this inspection activity. The practice is located in a converted property.

The provider is registered with CQC to deliver the Regulated Activities; treatment of disease, disorder or injury and family planning. They are required to add additional regulated activities relevant to the service.

The practice is situated within the North West London Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 8,000. This is part of a contract held with NHS England.

The practice is part of the Chiswick Primary Care Network (PCN) and Chiswick consortium.

Information published by Public Health England shows that deprivation within the practice population group is in the fourth lowest decile (four 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 64% White, 16% Asian, 7% Black, 5% Mixed, and 8% Other.

The majority of patients within the practice are of working age. The working age practice population is higher and the older people practice population is lower than the national average.

There is a principal GP, five salaried GPs and three regular locum GPs. All GPs are female. The practice employs three practice nurses and two health care assistants. The principal GP is supported by a practice manager, assistant practice manager and a team of the administrative and reception staff. The clinical pharmacists (employed by the local PCN) are offering sessions at the practice.

The practice is open between 8am and 6.30pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided at the practice on Saturdays between 8am and 12.30pm.

Extended access is provided locally by the PCN, where late evening and weekend appointments are available. 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
Family planning services Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed.</p> <p>In particular, we found:</p> <ul style="list-style-type: none"><li>Recruitment checks including Disclosure and Barring Service (DBS) were not always carried out in accordance with regulations and records were not kept in staff files.</li><li>Annual appraisals were not carried out regularly.</li></ul> <p>This was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Family planning 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> <p>The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular, we found:</p> <ul style="list-style-type: none"><li>Safeguarding children and safeguarding vulnerable adults registers were not maintained or reviewed on a regular basis. Most of the cases were reviewed on an ad-hoc basis.</li></ul>

This section is primarily information for the provider

## Requirement notices

- There were gaps in safeguarding adults and safeguarding children training.
- Patient Group Directions (PGDs) were not signed by all the practice nurses

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Family planning services

Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

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

The registered person 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.

In particular, we found:

- There was a lack of good governance in some areas, which included monitoring of fire safety, health and safety, staff vaccination and the management of legionella.
- The practice did not have any formal monitoring system in place to assure themselves that blank prescription forms and handwritten pads were recorded, and their use was monitored in line with national guidance.
- The fabric privacy curtains schedule was not monitored effectively and records were not maintained.

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