Arcadian Gardens Surgery

Inspection report

The Surgery
1 Arcadian Gardens, Bowes Park
London
N22 5AB
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Date of inspection visit: 10 October 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	Requires Improvement
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?	Requires Improvement

Overall summary

We carried out an announced comprehensive at Arcadian Gardens Surgery on 10 October 2022. Overall, the practice is rated as Requires Improvement.

Safe - Requires Improvement

Effective - Good

Caring - Good

Responsive - Good

Well-led - Requires Improvement

Following our previous inspection on 18 January 2017, the practice was rated Good overall and for all key questions.

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

Why we carried out this inspection

We carried out this inspection in response to risks specifically regarding child immunisation rates and cervical screening uptake rates.

How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing and on site.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A short site visit.

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 found that:

Overall summary

- Governance arrangements did not work effectively. For example, systems for monitoring cancer referrals and recording cervical smear test results generated inaccurate monitoring data.
- The practice did not have effective processes for managing risks. For example, we noted a failure to act on previously identified risks regarding the absence of calibration of medical devices and periodic infection prevention and control audits.
- Leaders were aware of the practice's child immunisations and cervical screening uptake rates. We noted a range of interventions aimed at improving performance. Unverified practice data indicated a resulting improvement in cervical screening uptake.
- We noted the practice had set up a local community allotment project, aimed at promoting patients' physical and mental wellbeing. Leaders spoke positively about how the project tackled social isolation and offered patients an opportunity to grow their own foods and plants. A local faith-based organisation spoke positively about how the project had brought local communities together. We also noted the initiative had recently received a Royal College of General Practitioners "Healthier Places" award.
- The practice's management of long-term conditions reflected current evidence-based guidance, standards and best practice.
- We saw extensive evidence of how clinical audit had been used to improve patient outcomes.
- When things went wrong, there were systems in place to review, investigate and learn.
- Patient feedback was above local and national averages regarding phone and appointments access. Patients fed back that they could access the right care at the right time.
- Practice management arrangements did not support the delivery of high-quality and person-centred care.

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

- 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 monitor and take action to improve cervical screening and child immunisation uptake rates.
- Take action to actively engage staff and improve staff satisfaction levels.
- Take action to introduce a structured programme of clinical audit.

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 accompanied by a practice manager specialist advisor. The team also 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 Arcadian Gardens Surgery

Arcadian Gardens Surgery is located in Haringey, North London and has a patient list of approximately 6,600. The practice is part of the North Central London Integrated Care system and has a deprivation score of 4 out 10 (1 being the most deprived). Arcadian Gardens Surgery cares for a diverse population (with approximately 29% of its patients from Black and minority ethnic backgrounds).

The practice holds a General Medical Service (GMS) contract with NHS England. This is a contract between general practices and NHS England for delivering primary care services to local communities. The practice is open between 8:00am and 6.30pm Monday to Friday.

Extended hours surgeries are also offered Monday to Friday from 6.30pm to 8:30pm and 8:00am to 8:00pm at weekends (via local GP access hubs). Outside of these times, patients are referred to a local out-of-hours provider.

The services provided include child health care, ante and post-natal care, immunisations, sexual health and contraception advice, management of long-term conditions and smoking cessation clinics.

There are two GP partners (one female, one male), one female practice nurse, one male advanced nurse practitioner, two clinical pharmacists (one male, one female), a Practice Manager and a range of administrative and reception staff.

The practice is registered with the Care Quality Commission to provide the following regulated activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems or processes must be established and operated effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. How the regulation was not being met: • The provider did not operate sufficient monitoring systems regarding its emergency medicines and equipment. • The provider did not operate systems and processes to ensure Infection Prevention and Control risks were routinely monitored. • The provider did not operate systems and processes to ensure that medical devices underwent an annual calibration test. • The provider did not operate effective systems and processes sufficient to ensure that Legionella risks were appropriately acted upon. • The provider did not operate effective systems and processes sufficient to ensure that risks previously that previously identified in its 2019 Health & Safety risk assessment had been acted upon. • The provider had not undertaken a data protection impact assessment regarding its CCTV surveillance camera system. This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.