

Tessa Jowell GP Surgery

Inspection report

72h
East Dulwich Grove
London
SE22 8EY
Tel: 02081947600
tessajowellgpsurgery.co.uk

Date of inspection visit: 24 August 2023
Date of publication: 31/10/2023

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 comprehensive inspection at Tessa Jowell GP Surgery on 24 August 2023. Overall, the practice is rated as requires improvement.

Safe - requires improvement

Effective - requires improvement

Caring - good

Responsive – good

Well-led - requires improvement

The practice was previously inspected under a different provider at a different address. Following our previous inspection on 8 September 2016, the practice was rated good overall and requires improvement for providing caring services. The current provider took over the service on 1 September 2020. This is the first rated inspection under the current provider.

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

Why we carried out this inspection

This inspection was a comprehensive inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014

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.
- 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

Overall summary

- information from the provider, patients, the public and other organisations.

We have rated this practice as Requires Improvement.

We have rated this practice as **Requires Improvement** for providing safe services because:

- Patients prescribed medicines requiring monitoring were not always managed in line with best practice guidance.
- Safety alerts were not always dealt with in line with national guidance.
- Staff did not always have the appropriate authorisations to administer medicines via the correct use of Patient Group Directions.

We have rated this practice as **Requires Improvement** for providing effective services because:

- Patients with long-term conditions were not always monitored in line with best practice guidance.

We have rated this practice as **Requires Improvement** for providing well-led services because:

- The practice had not identified and managed all risks relating to the management of; patients prescribed medicines requiring monitoring; safety alerts; and patients with long-term conditions.

We found that:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- Staff had the skills, knowledge and experience to carry out their roles.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Complaints were used to improve the quality of care.

We found two breaches of regulation. 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.

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

- Take action to improve access in ways which best suit patients' needs. The provider should ensure actions are embedded, sustained and regularly reviewed to determine the impact of these actions.
- Take steps to improve uptake of cervical cancer screening and childhood immunisations.

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 Health Care

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 Tessa Jowell GP Surgery

Tessa Jowell GP Surgery is located at Tessa Jowell Health Centre (First Floor), 72h East Dulwich Grove, London, SE22 8EY.

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

The practice is situated within the South East London Integrated Care System (ICS) and delivers Alternative Provider Medical Services (APMS) to a patient population of about 15,090. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices: South Southwark Primary Care Network.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the sixth lowest decile (6 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 59.4% White, 24.8% Black, 7.1% Asian, 6.5% Mixed, and 2.2% Other.

There is a team of 8 GPs at the practice. The practice has a team of 5 nurses who provide nurse led clinics for long-term conditions. The GPs are supported at the practice by a team of reception and administration staff. The practice manager and registered manager provide managerial oversight.

The practice is open between 8am to 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 locally by the PCN, where late evening and weekend appointments are available. Out of hours services are provided via NHS 111

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not always provided in a safe way for service users to ensure compliance with this part of the above Regulations.</p> <p>The registered persons 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:</p> <ul style="list-style-type: none">• Staff did not always have the appropriate authorisations to administer medicines via the correct use of Patient Group Directions.• Patients prescribed medicines requiring monitoring were not always managed in line with best practice guidance.• Safety alerts were not always dealt with in line with national guidance.• Patients with long-term conditions were not always monitored in line with best practice guidance. <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

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>Systems or process were not established and operated effectively to ensure compliance with the requirements in this Part. Such systems or processes did not enable the registered person to;</p>

This section is primarily information for the provider

Requirement notices

Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:

- The provider did not have effective systems in place to ensure the following were managed in line with national guidance; patients prescribed medicines requiring monitoring; patients with long-term conditions; and safety alerts.

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