The Acorn & Gaumont House Surgery

Inspection report

151 Peckham High Street
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Date of inspection visit: Clinical record review 4 May 2021, site visit 6 May 2021, staff interviews 5 May 2021 & 11 May 2021
Date of publication: 30/06/2021

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

Overall summary

We carried out an announced inspection at The Acorn & Gaumont House Surgery. A remote clinical records review was undertaken on 4 May 2021, a short site visit was completed on 6 May 2021 and interviews with staff were held remotely on 5 May 2021 & 11 May 2021. Overall, the practice is rated as Requires Improvement.

Safe - Requires Improvement

Effective - Requires Improvement

Caring - Requires Improvement

Responsive - Requires Improvement

Well-led - Requires Improvement

Following our previous comprehensive rated inspection on 12 March 2020, the practice was rated Requires Improvement overall; requires improvement for effective and responsive and good for safe, caring and well led.

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

Why we carried out this inspection

This inspection was a comprehensive inspection to follow up on concerns identified at our last inspection. Specifically:

- There was no system to monitor the recording of patient consent
- National GP survey scores were below local and national averages in relation to access.
- The practice had not met targets for cervical screening and childhood immunisations.

There were no breaches of regulation identified at our last 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

Overall summary

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 have rated this practice as Requires Improvement overall and Requires Improvement for all population groups.

We found:

- Expired emergency equipment; though this was replaced following our inspection.
- Emergency medicines were missing; though one of these was ordered on the day of our inspection and risk assessments for the missing medicines were provided after our inspection.
- Although the vast majority of patients on high risk medicines whose records we looked at had appropriate monitoring completed there were a small number of patients whose monitoring was overdue. However we considered the risks associated with this monitoring not having been completed to be low.
- The provider was unable to demonstrate that they had completed a DBS check for a locum pharmacist until after our inspection. The check showed that the DBS was completed over three years ago.
- Both of the records we check of children on the practice's child protection register suggested that the practice were not proactively reviewing children on this register. The practice told us that they had review their safeguarding register following our inspection and that these two records were an outlier and all other safeguarding patients had been reviewed.
- Some of the care plans we looked at for patients with dementia, learning diabilities and palliative care lacked sufficient detail in order to be effective. The practice told us that following our inspection they had reviewed and made improvements to the care planning templates used.
- Patients with chronic kidney disease were not always been coded correctly.
- Performance against targets for cervical screening and childhood immunisations, though significantly improved from our last rated inspection, were still below target. The practice was continuing to focus on making improvements in this area.
- Performance against targets for patients with mental health conditions and COPD were below local and national averages. The practice had devised strategies including working with their local primary care network and doing remote reviews in an effort to improve this.
- Patient satisfaction with care and treatment and access to services was below local and national averages.
- Oversight, governance and leadership around the issues above was lacking.

However, we also found that:

- The was a programme of quality improvement activity.
- There was a supportive and inclusive culture that focused on staff development.
- The practice had reached out to certain communities within the locality to provide advice and counselling around vaccine hesitancy and delivered COVID-19 vaccines to these communities.
- Practice staff had volunteered to deliver food and medicines to vulnerable patients during the pandemic who were shielding or at risk.

Overall summary

We found 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

The provider **should**:

- Review systems around safeguarding to ensure that all patients on safeguarding registers are periodically reviewed.
- Continue with work to improve performance against targets for cervical screening and childhood immunisation.
- Review patients with chronic kidney disease to ensure patients are correctly coded and being followed up appropriately.

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

Older people	**Requires Improvement**
People with long-term conditions	**Requires Improvement**
Families, children and young people	**Requires Improvement**
Working age people (including those recently retired and students)	**Requires Improvement**
People whose circumstances may make them vulnerable	**Requires Improvement**
People experiencing poor mental health (including people with dementia)	**Requires Improvement**

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 The Acorn & Gaumont House Surgery

The Acorn & Gaumont House Surgery is located in South London:

151 Peckham High Street

Peckham

London

SE15 5SL

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

The practice is situated within the Southwark Clinical Commissioning Group (CCG) and delivers Personal Medical Services (PMS) to a patient population of about 9,000 patients. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices which includes half of the practices in Southwark CCG.

Information published by Public Health England report deprivation within the practice population group as 1320 out of 6900. The lower the number the higher rate of deprivation.

The practice has a higher proportion of patients with obesity and depression, but a lower proportion of other long-term health conditions compared to other practice's nationally.

The practice has an ethnically diverse population with 44% of the population being black, 37% white, 8% Asian and the rest of the practice population being from other ethnic backgrounds.

There is a team of three full time GPs; two male and one female. The practice has a team of two nurses, two pharmacists (one locum and one employed) and two pharmacists from the local primary care network. The practice also supported a trainee doctor. The GPs are supported at the practice by a team of reception/administration staff and a practice and operations manager.

Extended access is provided locally by the local federation, where late evening and weekend appointments are available. Out of hours services are provided by 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
Family planning services Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance • Insufficient action had been taken to improve performance against targets for COPD and mental health. • The systems in place for care planning did not ensure that sufficient detail was recorded in order for care plans to be effective. • Systems for ensuring that appropriate medical emergency equipment and medicines were available were not effective as we found expired equipment and that some medicines were not present on the day of our inspection. • The provider had not undertaken sufficient action on feedback from patients to improve satisfaction with the care and treatment provided and access to services.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • Not all patients on high risk medicines whose records we looked at had appropriate monitoring completed. • The provider could not assure us that they had checked the DBS status of a locum pharmacist prior to employment.