

Auckland Surgery

Inspection report

84a Auckland Road
Upper Norwood
London
SE19 2DF
Tel: 02086535146
www.aucklandsurgery.co.uk

Date of inspection visit: 25 April 2022
Date of publication: 30/05/2022

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?

Inadequate



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 Auckland Surgery on 25 April 2022. Overall, the practice is rated as requires improvement.

Safe - Inadequate

Effective – Requires Improvement

Caring - Good

Responsive - Good

Well-led – Requires Improvement

The full reports for previous inspections can be found by selecting the ‘all reports’ link for Auckland Surgery on our website at www.cqc.org.uk. An inspection on 5 October 2016 rated this service as requires improvement overall with requires improvement in safe and well led and good in effective, caring and responsive. A further inspection on 18 May 2017 found improvements had been made and the practice was rated good in all areas and overall.

Why we carried out this inspection

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

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

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 overall

We found that:

- The practice was not always monitoring patients on high risk medicines and there were patients at risk of harm.
- The practice was not always reviewing or monitoring patients with long-term conditions and there were patients at risk of harm.
- There was no complete safeguarding register being audited by the practice.
- Some Patient Group Directives had been signed retrospectively.
- The practice had not acted in response to all safety alerts which had left some patients at risk of harm.
- The majority of staff had not completed recommended training.
- There was no clear governance or quality assurance process in place for patient monitoring, clinical audits, significant events, complaints, safeguarding or patient feedback.
- Patients told us they received caring treatment and interaction at this practice.
- Feedback and complaints were always responded to in a timely manner.
- The practice management team were proactive in implementing improvements and considering feedback.

We found two 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.

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

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff and undertook a site visit. The team included a GP specialist who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Auckland Surgery

Auckland Surgery is located in Crystal Palace at:

84A Auckland Road

London

SE19 2DF

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

The practice is situated within the South West London Clinical Commissioning Group (CCG) in Croydon and delivers Personal Medical Services (**PMS**) to a patient population of about 7300. This is part of a contract held with NHS England. The surgery is purpose built, over two floors with four consulting rooms and two treatment rooms.

There is onsite parking for both staff and patients, including disabled parking, and the area is well served by public transport. The building is accessible for people with mobility issues. All the consulting rooms are on the ground floor, along with a toilet with disabled access.

Six doctors work at the practice: three male and three females. Four of the doctors are partners and there are two salaried GPs. The GPs are supported by two nurses, a pharmacist and a large primary care network team of additional clinicians and specialists.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most GP appointments were telephone consultations.

The practice is generally open 8am to 6.30pm Monday to Friday. Out of hours services are provided by 111. Appointments with GPs are available on:

- Monday: 8am to 5.40pm
- Tuesday: 7.30am to 6pm
- Wednesday: 7.30am to 6pm
- Thursday: 8.30am to 6.10pm
- Friday: 7.30am to 6.30pm.
- Saturday: 8.30am to 10.30am

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance <ul style="list-style-type: none">• The governance systems were sometimes ineffective or unfit for purpose as they had failed to sufficiently quality assure the practice of its systems and processes.• There were no staff or patient surveys which had been used to drive improvements.• There was no programme of quality improvement.

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury Diagnostic and screening procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none">• Some patients on high-risk medicines had not had sufficient monitoring to ensure their safety.• Some patients with long-term conditions had not been safely monitored.• The provider had failed to maintain, monitor and record a vulnerable patients register which could identify and demonstrate the management of vulnerable patients within the entire patient list.• Safety alerts were not being audited or routinely checked with the entire patient list.• The provider had failed to ensure that all clinical and non-clinical staff had completed recommended training such as safeguarding, mental capacity, infection control, equality and diversity, fire safety, health and safety and basic life support.