

# The Acton Health Centre

## Inspection report

35-61 Church Road  
Acton  
London  
W3 8QE  
Tel: 02089926768  
[www.actonhealthcentre.nhs.uk](http://www.actonhealthcentre.nhs.uk)

Date of inspection visit: 13 May 2022  
Date of publication: 14/06/2022

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 well-led?

Requires Improvement



# Overall summary

We carried out an announced inspection at The Acton Health Centre on 13 May 2022. Overall, the practice is rated as **Requires Improvement**.

Set out the ratings for each key question

The key questions are rated as:

Safe - Requires improvement

Effective - Requires improvement

Well-led - Requires improvement

The practice inherited ratings from the last inspection with the previous provider. The full reports for previous inspections can be found by selecting the 'all reports' link for The Acton Health Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## Why we carried out this inspection

This was a focused inspection. We carried out this inspection as part of our regulatory functions because a new provider took over this practice in June 2020.

At this inspection we covered three key questions:

- Are services safe?
- Are services effective?
- 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.

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

We found:

# Overall summary

There was a lack of good governance in some areas.

- Our clinical records searches showed that the practice did not always have an effective process for monitoring patients' health in relation to the use of medicines including high risk medicines and potential missed diagnosis/coding issues with diabetes, over usage of medicines and medicine used to treat thyroid hormone deficiency.
- Patient treatment was not always regularly reviewed and updated.
- Recruitment checks including Disclosure and Barring Service (DBS) were not always carried out in accordance with regulations.
- The practice did not have any formal monitoring system in place to assure themselves that blank prescription forms were recorded, and their use was monitored in line with national guidance.
- Risks to patients were not assessed and well managed in relation to some safety alerts, some emergency medicines, staff vaccination and the monitoring of the repeat prescription box for uncollected prescriptions.
- Some staff had not received safeguarding children, safeguarding adults, sepsis awareness, equality and diversity, chaperone and fire safety training relevant to their role.
- Actions from recent fire and legionella risk assessments were not completed in a timely manner.
- A defibrillator was not correctly stored, and an appropriate poster was not displayed. Some non-clinical staff we spoke with were not sure about the exact location of the defibrillator. It was regularly checked and fit for use.
- The senior GP supervised the prescribing competence of non-medical prescribers. However, these clinical conversations were not formally documented.
- The practice's uptake of the national screening programme for cervical and bowel cancer screening was below the national average.
- The Patient Participation Group (PPG) was not 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 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 areas where the provider **should** make improvements are:

- Maintain written records when the prescribing competence of a non-medical prescriber is clinically reviewed and discussed with them.
- Continue to encourage the patient for cervical and bowel cancer screening uptake.
- Organise sepsis awareness training.
- Take necessary actions to address the Care Quality Commission registration issues.

**Details of our findings and the evidence supporting our ratings are set out in the evidence tables.**

**Dr Rosie Benneyworth** BM BS BMedSci MRCP

Chief Inspector of Primary Medical Services and Integrated Care

## 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 The Acton Health Centre

The Acton Health Centre is located in the Ealing area in West London at:

35-61 Church Road

Acton

London

W3 8QE

We visited this location as part of this inspection activity. The practice is in purpose built premises. The premises is shared with other community services.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services, surgical procedures, family planning and treatment of disease, disorder or injury. The practice's CQC registration is not up to date because they are required to remove one partner and add one partner.

The practice is situated within the West London Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of about 4,300. This is part of a contract held with NHS England.

The practice is part of the Acton Primary Care Network (PCN) and Ealing GP Federation.

The practice has faced challenges and changes within the staff team in the past two years. We noted the practice has implemented a number of measures to mitigate the challenges, addressed the staffing and leadership issues and took steps to improve, monitor and review the quality of service.

Information published by Public Health England shows that deprivation within the practice population group is in the third lowest decile (three 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 54% White, 16% Asian, 17% 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 are two GP partners and four locum GPs. Four GPs are female and two are male. The practice employs a practice nurse, a health care assistant and a trainee health care assistant. The partners are supported by a practice manager, reception manager and a team of administrative and reception staff. A clinical pharmacist (employed by the practice) is working one day per week at the practice. The practice informed us that a clinical pharmacist (employed by the primary care network) is going to start working at the practice next week for one day per week.

The senior GP also operates two separate general practices in the local area. The senior GP works at the practice one day per week (every Thursday). In addition, they offer one hour of remote telephone consultations every Monday and Wednesday. The senior GP is accessible remotely when not present on the premises.

The practice is open from 8am to 6.30pm Monday to Friday. The practice offers a range of appointment types.

Extended access is provided locally by Ealing GP Federation, where late evening and weekend appointments are available. Out of hours services are provided by Practice Plus.

## 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><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>• Our clinical records searches showed that the practice did not always have an effective process for monitoring patients' health in relation to the use of medicines including high risk medicines and potential missed diagnosis/ coding issues with diabetes, over usage of medicines and medicine used to treat thyroid hormone deficiency.</li><li>• The practice had a system in place to manage safety alerts but it did not work effectively as we found some safety alerts were not actioned as required to ensure the safe care and treatment of patients.</li><li>• Some staff had not received safeguarding children, safeguarding adults, sepsis awareness, chaperone and fire safety training relevant to their role.</li><li>• Risks to patients were not assessed and well managed in relation to some safety alerts, some emergency medicines, staff vaccination and the monitoring of the repeat prescription box for uncollected prescriptions.</li><li>• A defibrillator was not correctly stored, and an appropriate poster was not displayed. Some non-clinical staff we spoke with were not sure about the exact location of the defibrillator. It was regularly checked and fit for use.</li></ul> <p>This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
--------------------	------------

This section is primarily information for the provider

## Requirement notices

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

### **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.
- The practice did not have any formal monitoring system in place to assure themselves that the host who was responsible for managing the premises had completed the actions identified in the recent fire and legionella risk assessments in a timely manner.
- The Patient Participation Group (PPG) was not active.
- Patient treatment was not always regularly reviewed and updated.
- The practice did not have any formal monitoring system in place to assure themselves that blank prescription forms were recorded, and their use was monitored in line with national guidance.

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

## Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

## Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

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

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.

In particular, we found:

- Recruitment checks including Disclosure and Barring Service (DBS) were not always carried out in accordance with regulations.

This section is primarily information for the provider

## Requirement notices

This was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.