The Acorn & Gaumont House Surgery

Inspection report

151 Peckham High Street
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London
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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	Inadequate
Are services safe?	**Inadequate**
Are services effective?	**Requires improvement**
Are services caring?	**Requires improvement**
Are services responsive?	**Inadequate**
Are services well-led?	**Inadequate**

Overall summary

The Acorn & Gaumont House Surgery is a provider registered with CQC.

We carried out an inspection of the provider on 11 July 2019 to follow up concerns identified on our previous inspection which was carried out in April 2018.

At that inspection we identified the following concerns:

- The practice had not taken sufficient action in response to poor national patient survey results in some areas.

The practice was rated as good overall and requires improvement for services that are caring. We issued a requirement notice in respect of a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (regulated activities) Regulations 2014

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 Inadequate overall and inadequate for all population groups

We rated the practice as **inadequate** for providing safe services because:

- The systems in place for managing patients prescribed medicines, including high risk medicines, did not ensure adherence to guidance or that patients remained safe.
- A review of records indicated that there was an inconsistent approach to management of safeguarding concerns and some staff were unable to outline what would constitute a safeguarding concern.
- There were systems in place to report significant events and we saw evidence of discussion of events in practice meetings. However not all staff were clear on the practice process for reporting significant events and we found examples where significant events were either not documented or learning was not clear.
- Appropriate recruitment checks had been taken for staff employed at the service.
- Risks associated with the premises were well managed and the provider had oversight of those risks managed by a third party.
- The provider had adequate arrangements in place to respond to emergencies including patients who presented with sepsis.
- Some tests results had not been actioned due to an IT/ administrative oversight and there was no system to audit the work of non-clinical staff who reviewed and filed incoming clinical correspondence.

We rated the practice as **requires improvement** for providing effective services because:

- Reviews of patient records indicated that patients with chronic disease were not always having regular timely reviews, patients who had NHS health checks were not being referred for further assessment and diagnosis where appropriate and there was a limited evidence of oversight and review of the work of clinical staff.
- One staff member we spoke with did not understand current guidance around consent.
- There was evidence of quality improvement activity.
- Staff were receiving regular appraisals.
- Effective joint working was in place. The practice held multidisciplinary meetings with other health and social care organisations that aimed to provide a holistic package of care for those with complex needs.
- All staff had completed the required mandatory training and staff were undertaking continue professional development activities to ensure their knowledge was up to date.

We rated the practice as **requires improvement** for providing caring services because:

Although national GP patient survey data indicated that some patients did not feel that they were listened to and some were not satisfied with their overall experience; the practice's own internal survey, CQC comment cards and interviews with patients indicated that patients felt that staff treated them with kindness and respect and involved them in decisions about their care.

We rated the practice as **inadequate** for responsive services because:

- Complaints were managed in a timely fashion and detailed responses were provided; although some complaints we reviewed did not contain contact information for external organisations patients could contact if they were dissatisfied with the practices' response.

Overall summary

- Comments from the national GP patient survey, CQC comment card and interviews with patients indicated that some patients found it difficult to access care and treatment at the practice. The practice had taken steps to improve access in response to feedback from patients.

We rated the practice as **inadequate** for providing well-led services because:

- Effective governance was lacking in key areas of operation which exposed patients to risk of harm.
- Not all risks were not adequately considered and mitigated.
- The provider had an active patient participation group and had completed their own internal patient survey.
- There was evidence of continuous improvement or innovation.
- Staff provided positive feedback about working at the practice which indicated that there was a good working culture.

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

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure patients are protected from abuse and improper treatment

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

- Make all staff aware of legislation and guidelines related to seeking consent.
- Encourage uptake of cancer screening programmes.
- Improve and expand systems for reviewing clinical consultations.
- Review staffing levels and ensure staffing is sufficient to be able to provide adequate access and carry out regulated activities safely.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector and supported by a GP specialist advisor.

Background to The Acorn & Gaumont House Surgery

The Acorn and Gaumont House Surgery is a GP practice located at 151 Peckham High Street, London, SE15 5SL. The practice website can be found at https://www.acorn-gaumont.nhs.uk

The practice provides GP practice services to approximately 9800 patients. This reduced from approximately 11,000 patients as a result of the provider no longer operating from two premises. The practice is located in an area ranked among the second most deprived in the country on the index of multiple deprivation scale. The practice has an ethnically diverse patient population with 7.0% of patients identifying themselves as mixed ethnicity, 8.2% Asian, 43.7% black, 3.9% other non-white ethnic groups. The practice is located in an area with a transient population and has an annual turnover of 14% of the patient list.

Out of hours services are provided by South East London Doctors on Call (SELDOC)

The practice is operated by two full time male GP partners. The practice employs a full time female salaried GP and two long term locums; one who works 0.75 FTE and another who works one session per week. The practice employs two full time nurses and there is one part time locum advance nurse practitioner. The practice employs a full-time pharmacist and a full-time healthcare assistant.

The service is located in premises that are shared with audiometry, podiatry and spirometry services.

The Acorn and Gaumont House Surgery Is registered to provide the following regulated activities Diagnostic and screening procedures, Treatment of disease, disorder or injury, Maternity and midwifery services and Family planning.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **How the regulation was not being met:** Systems and processes did not operate effectively to prevent abuse of service users as: • Some staff were unclear about what constituted a possible safeguarding concern. • Patient records were not being updated following meetings with health visitors. • Review of patient records indicated that staff at the practice were not responding to possible safeguarding concerns or proactively reviewing safeguarding registers. This was in breach of Regulation 13 (1) (2) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

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 **How the regulation was not being met:** Care and treatment was not provided in a safe way to patients because: • Patient safety alerts were not appropriately acted upon. • Pathology results were not always followed up. • Patients were not always referred for further investigation or treatment when appropriate following NHS health checks. • Patients with a long-term condition and those prescribed high risk medicines were not always reviewed in line with current guidelines and legislation. This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The systems and processes to ensure good governance in accordance with the fundamental standards of care were not effective because: • There were shortfalls in the systems in place for complying with patient safety alerts, dealing with significant events and safeguarding patients from abuse. • There were shortfalls in the systems in place for reviewing and monitoring patients prescribed medicines including those prescribed high risk medicines.

This section is primarily information for the provider

Enforcement actions

- The system in place to provide oversight of clinical practice was not adequate and there were no protocols to escalate concerns to the senior clinical team.
- The system in place to manage incoming clinical correspondence was not adequate.

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