

Elsdale Street Surgery

Inspection report

28 Elsdale Street
Hackney
London
E9 6QY
Tel: 02085252980
www.elsdalestreetsurgery.nhs.uk

Date of inspection visit: 11 to 25 April 2022
Date of publication: 27/05/2022

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?

Good



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 Elsdale Street Surgery from 11 April to 25 April 2022. Overall, the practice is rated as requires Improvement.

The ratings for each key question were

Safe - Good.

Effective - Requires Improvement.

Caring - Good

Responsive – Good

Well-led - Requires Improvement.

Why we carried out this inspection

This inspection was a comprehensive inspection and the providers first inspection following their registration on 14 April 2020.

How we carried out the inspection/review

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

We have rated this practice as requires Improvement overall

Overall summary

We found that:

- We found some staff had not been allocated clear responsibilities and roles, this meant that the systems in place to ensure good governance were sometimes ineffective. For example, infection prevention and control, medicines management, significant events and the management of patient safety alerts, staff training and the updating and management of patient records.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic.
- Patients could access care and treatment in a timely way.
- There was compassionate, inclusive and effective leadership at all levels.
- The practice had a clear vision and credible strategy to provide high quality sustainable care.
- The practice had a culture which drove quality sustainable care.

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 persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.

Whilst we found no other breaches of regulations, the provider **should**:

- Continue to improve the uptake of childhood immunisations.
- Continue to improve the uptake of cervical screening.
- Review the online access to services to confirm that no patients are excluded.
- Update the registration and de-registration of patients on the patient record system to confirm they did not affect patient care.
- Review the arrangements at the reception desk to improve confidentiality.

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 supported by a second inspection, 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 Elsdale Street Surgery

Elsdale Street Surgery

28 Elsdale Street

Hackney

London

E9 6QY

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.

The practice is situated within the City of Hackney Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of approximately 7,408. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices known as Well Street Common.

Information published by Public Health England shows that deprivation within the practice population group is in the second lowest decile (two 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 10.1% Asian, 49.7% White, 29% Black, 7% Mixed, and 4.2% Other.

The age distribution of the practice population closely mirrors the local and national averages. There are more male patients registered at the practice compared to females.

There is a team of 5.17 full-time equivalent GPs, who are supported by a team of four nurses. The GPs are supported as a leadership team by a team of reception/administration staff.

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. If the GP needs to see a patient face-to-face then the patient is offered a choice of either the main GP location or the branch surgery.

The 111 service offered patients access to the Hackney extended access services which were open 4pm to 8pm weekdays and 8am to 8pm weekends and Bank Holidays.

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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</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">• A lack of a formal procedure for the management of prescriptions in the practice.• The protocol between the community diabetic nurse and the practice had not included recording consultations in patient records and the investigation and resolve of why patients did not attend appointments. <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 Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• Some staff had not been allocated clear responsibilities and roles, this meant that the systems in place to ensure good governance were sometimes ineffective. For example:-• Infection prevention and control,• Significant events• The updating and management of patient record in regards to registering with the practice.

This section is primarily information for the provider

Requirement notices

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
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

- Some staff had not completed the appropriate level of safeguarding training.
- Ten staff had not updated this training since 2019.
- The practice had not effectively checked that the practice nurses had completed their role specific training for childhood immunisations.

This was in breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.