

The Ecclesbourne Practice

Inspection report

1 Warwick Terrace
Lea Bridge Road, Leyton
London
E17 9DP
Tel: 02085392077

Date of inspection visit: 9 November 2022
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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?

Good



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Inadequate



Overall summary

We carried out an announced comprehensive inspection at The Ecclesbourne Practice on 9 November 2022. Overall, the practice is rated as inadequate.

Safe - inadequate

Effective - requires improvement

Caring - good

Responsive - requires improvement

Well-led - inadequate

Following our previous inspection on 13 January 2017, the practice was rated good overall and for all key questions. The full reports for previous inspections can be found by selecting the 'all reports' link for The Ecclesbourne Practice on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this inspection in line with our inspection priorities.

How we carried out the inspection/review

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- A site visit to the branch surgery.
- Conducting face to face staff interviews.
- 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 found that:

- The practice did not have clear systems, practices and processes to keep people safe and safeguarded from abuse.
- There were gaps in systems to assess, monitor and manage risks to patient safety.
- Staff did not always have the information they needed to deliver safe care and treatment.

Overall summary

- The practice did not always have safe systems for the appropriate and safe use of medicines, including high-risk medicines.
- The practice was unable to demonstrate that staff had the skills, knowledge and experience to carry out their roles.
- The practice was unable to demonstrate that it always obtained consent to care and treatment in line with legislation and guidance.
- People were not always able to access care and treatment in a timely way.
- Complaints were not used to improve the quality of care.
- There were gaps in governance structure.
- There was compassionate and leadership; however, effective monitoring was required to ensure this was taking place at all levels.
- The practice culture did not effectively support high quality sustainable care.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice respected patients' privacy and dignity.
- There was evidence of systems and processes for learning, continuous improvement and innovation but improvement was required.

We found breaches of regulations. The provider **must**:

- 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 sufficient numbers of suitably qualified, competent, skilled and experienced staff are deployed to meet people's care and treatment needs.

In addition, the provider **should**:

- Take action to improve patient satisfaction and carry out patient surveys.
- Take action to update the practice website.
- Consider patient accessibility to online appointments.
- Take steps to appoint a Freedom to Speak up Guardian.

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.

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

Overall summary

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector who undertook a site visit. The team included a GP specialist advisor and a practice nurse specialist advisor.

Background to The Ecclesbourne Practice

The Ecclesbourne Practice is situated within the Waltham Forest Clinical Commissioning Group (CCG) at 1 Warwick Terrace, Lea Bridge Road, Leyton, London. E17 9DP. The practice provides services under a Personal Medical Services (PMS) contract to a joint list of approximately 10,008 patients in partnership with their branch surgery located at, Roding Valley Medical Centre, 178 Snakes Lane, Woodford Green, Essex, IG8 7JQ. The purpose-built Roding Valley Medical Centre site underwent major refurbishment works in 2021.

The practice provides a full range of enhanced services including, child and travel vaccines and minor surgery. It is registered with the Care Quality Commission to carry on the regulated activities of maternity and midwifery services, family planning services, treatment of disease, disorder or injury, surgical procedures and diagnostic and screening procedures.

There is a team of seven GPs, including two long-term locum who provide cover at both practices. The practice has a team of one practice nurse and one healthcare assistant who work both the main and the branch locations. The GPs are supported at the practice by a team of reception/administration staff. The practice manager and assistant practice manager are based at the main location to provide managerial oversight.

The practices' opening hours at both the Lea Bridge Road site and Roding valley site are between 8am and 6.30pm on Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

The practice is part of a wider network of GP practices, the Forest Integrated Health Primary Care Network. There are no registered nursing homes looked after by the practice.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is five out 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 58% White, 20% Asian, 14% Black, 6% Mixed, and 3% 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.

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 Transport services, triage and medical advice provided remotely	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none">Recommended risk assessments were not carried out in the time frames indicated. Actions were not always taken to address the risk assessments recommended areas for improvement. This included disability, fire safety, health and safety and legionella risk assessments.Regular fire drills and weekly smoke and fire alarm checks were not taking place at the practice.The practice could not demonstrate all staff had received effective infection control training.We received inconsistent information regarding who the designated infection control lead was and there was no infection control audit.There were no records maintained for keeping clinical equipment and cleaning schedules were not clearly documented. There were no sanitary bins available in some toilets.There were gaps in systems to review patients with long-term conditions, where they did not always operate effectively. Therefore, we found gaps in care as not all patients were being monitored or followed up to ensure their treatment was in line with national guidance. <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
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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

- The safeguarding processes were not effective. There was no evidence of safeguarding discussions in the practice and the policies in place did not provide all the appropriate information.
- There were gaps in recruitment processes. This was in relation to inconsistent information contained in references, unexplained gaps in employment and a lack of references and interview summaries in some of the records.
- The provider did not ensure that their governance systems remained effective. This included consent and decision making, referrals, test results, significant events, sharing evidence-based guidelines and recalls.
- The provider did not have processes in place to ensure that all staff read and actioned safety alerts relevant to their roles.
- Complaints provided to CQC were not resolved or used to improve the quality of care.

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

Treatment of disease, disorder or injury

Surgical procedures

Maternity and midwifery services

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

- Action had not been taken to ensure the online training system that was not in operation for 18 months had been resolved in a timely manner, to ensure staff were up to date with training.
- There were gaps in mandatory staff training, such as safeguarding, equality and diversity, infection control training, fire safety and information governance for most of the staff.
- We were not provided with induction records for temporary and new staff on request.

Requirement notices

- The practice could clearly demonstrate the prescribing competence of non-medical prescribers.
- There were gaps in sepsis training for staff and not all staff were able to recognise the sepsis red-flag symptoms.
- Staff were not up to date with basic life support and anaphylaxis training where it was relevant for their role.
- There was no evidence provided to show the healthcare assistant had received their care certificate training.
- We were not provided with any continuing professional development training for the nursing staff.
- Appraisal records were incomplete.
- There was no formal documentation to demonstrate clinical supervision or any formal system to audit the consultations of staff employed in advanced practice, such as pharmacists.

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

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
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> <ul style="list-style-type: none">• Staff were not adequately equipped to respond to medical emergencies as there was no defibrillator available at the Ecclesbourne practice main site and there was no risk assessment in place.• There were gaps in the management of high-risk medicines and carrying out medicines reviews.• The practice did not hold all the appropriate emergency medicines at both sites; for example, there was no cyclizine (used to treat nausea), dexamethasone (used to treat croup in children), diclofenac (used to treat pain), midazolam (used to treat seizures), naloxone (used to treat overdose) and opiates (used to treat severe pain). There were no risk assessments to determine the range of medicines held. The documentation to monitor stock levels was not accessible to inspection team on the day of inspection. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>