

# Halbutt Street Medical Practice

## Inspection report

2 Halbutt Street  
Dagenham  
RM9 5AS  
Tel: 02085921544

Date of inspection visit: 08 June, 09 June, 10 June  
and 13 June 2022  
Date of publication: 08/07/2022

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

Not inspected

# Overall summary

We carried out an announced inspection at Halbutt Street Medical Practice on 08, 09, 10 and 13 June 2022 to inspect the key question for 'safe'.

We previously carried out announced inspections at Halbutt Street Medical Practice in 2018, 2019 and 2021. On 23 October 2018, we rated the provider inadequate overall and in the key questions for safe and well-led, and requires improvement for effectiveness, responsive and caring. On 26 June 2019, the practice was rated requires improvement overall and for all key questions except for well-led, which was rated as good. In July 2021, the practice was rated good overall, and in all areas except for the key question for safe which was rated as requires improvement.

The full reports for previous inspections can be found by selecting the 'all reports' link for Halbutt Street Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

This inspection was a focused inspection, of one key question for 'safe' without undertaking a site visit, to follow up a Requirement Notice issued in July 2021.

## 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.

## 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.
- Information from the provider, patients, the public and other organisations.

## We did not rate the key question for safe at this inspection.

We found the following concerns regarding the provision of safe services because:

- The provider did not have clear systems and processes to keep patients safe.

# Overall summary

- The provider did not have reliable systems and processes to keep patients safeguarded from abuse.
- The provider did not have a safe system in place to manage safeguarding training for staff.
- The provider did not have appropriate safeguarding policies in place for children and vulnerable adults.
- The provider did not have appropriate systems in place to safely manage high-risk medicines and medicines that require additional monitoring.
- The provider did not have a safe system in place to monitor and manage recruitment, including disclosure and barring checks (DBS).
- The provider did not have a safe effective system in place to manage patient safety alerts.
- The provider did not operate a safe system regarding infection prevention and control, this included staff immunisations and certified immunity.
- The provider did not have a safe system in place to manage sepsis training for staff.

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.

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

**Dr Rosie Benneyworth** BM BS BMedSci MRCP

## Our inspection team

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

## Background to Halbutt Street Medical Practice

Halbutt Street Medical Practice is located at 2 Halbutt Street, Dagenham, RM9 5AS. The practice has good transport links and is within easy reach of bus and train services providing direct access into Central London.

There is a clinical team of two GP partners; one salaried GP; two regular locum GPs and two practice nurses. Clinical staff are supported at the practice by a practice manager and a team of reception and administration staff.

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

The practice reception is open Monday-Friday between 8am-7pm and appointments are available between these times. Patients may book appointments online, by telephone or in person.

The practice is situated within the North East London Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of approximately 6100. This is part of a contract held with NHS England. They are part of a wider network of GP practices in East Primary Care Network.

Information published by Public Health England shows that deprivation within the practice population group is in the second lowest decile (two of ten). 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 62.3 % Asian, 19.3% White, 11.5% Black, 3.2% Mixed, and 3.7% Other.

Extended access is provided locally by the GP hub, where late evening and weekend appointments are available. Out of hours services are provided by PELC.

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 were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning 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"><li>• The provider failed to consistently monitor and manage high-risk medicines and medicines that require additional monitoring.</li><li>• The provider failed to undertake regular medication reviews for patients.</li><li>• The provider failed to consistently follow national guidance regarding care and treatment for patients.</li><li>• The provider failed to have a safe and effective system to monitor and manage patient safety alerts, in line with national guidance.</li><li>• The provider failed to provide a safe effective system to monitor and manage safeguarding, including training for staff.</li><li>• The provider failed to provide a safe effective system to monitor and manage recruitment, including disclosure and barring checks (DBS).</li><li>• The provider failed to have a safe system in place to regarding infection prevention and control, this included staff immunisations and certified immunity.</li><li>• The provider failed to have a safe system in place regarding sepsis training.</li></ul>