

# Elizabeth Street Surgery

## Inspection report

61 Elizabeth Street  
Blackpool  
FY1 3JG  
Tel: 01253628949  
[www.elizabethstreetsurgery.nhs.uk](http://www.elizabethstreetsurgery.nhs.uk)

Date of inspection visit: 8 May 2021  
Date of publication: 18/05/2021

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?		Inadequate	
Are services caring?		Requires Improvement	
Are services responsive to people's needs?		Inadequate	
Are services well-led?		Inadequate	

# Overall summary

We carried out an announced inspection at Elizabeth Street Surgery on 7 and 8 April 2021. Overall, the practice is rated as inadequate.

The key question ratings are as follows:

Safe - inadequate

Effective - inadequate

Caring – requires improvement

Responsive - inadequate

Well-led - inadequate

Following our previous inspection under the previous provider's registration on 14 March 2019 (published 1 May 2019), the practice was rated Good overall but was rated Requires Improvement in the effective key question and in the "families, children and young people" and "working age people" population groups.

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

## **Why we carried out this inspection;**

This inspection was a comprehensive inspection to follow up on:

- *Information of concern that we had received from whistleblowing and stakeholders.*

## **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 or telephone calls
- 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
- Further remote communications for clarification.

## **Our findings**

# Overall summary

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, in the safe, effective, responsive and well-led key questions and for all population groups. The caring key question was rated requires improvement.**

We found:

- Systems to identify and mitigate risks clinically or within the practice environment were ineffective. Safety concerns were identified during the inspection that had not been mitigated by the provider. For example, we saw that the nursing team had been vaccinating patients without the authorisation of a Patient Group Direction (PGD).
- The practice was unable to demonstrate that they had taken any action to improve areas of performance and quality that were lower than local and national averages. Systems of communication and call/recall within the practice were not effective or operating as intended and the practice was unable to demonstrate that allied health professionals including nurses were provided with structured supervision to ensure that they were working within their competencies.
- Practice coding errors and inconsistent management of registers of patients undermined confidence that these were accurate or that data provided was a true picture of practice performance.
- Patient feedback and satisfaction levels were low; the practice was unable to demonstrate that it had considered or taken any action to address areas of low satisfaction in relation to patient experience, in particular in relation to the availability of appointments.
- The systems in place to investigate and take action to address patient complaints were ineffective and not working as intended.
- The practice was unable to demonstrate that there was sufficient leadership or oversight for services delivered. There were systems of quality assurance in place that were ineffective. A high turnover of staff had meant any efforts to establish and embed systems and processes for effective service delivery had been unsuccessful.
- The culture in the practice was inconsistent with delivering high quality healthcare.

We found breaches to three of the regulations. The provider **must**:

- Ensure that care and treatment is provided in a safe way to patients
- Ensure that any complaint received is investigated and any proportionate action is taken in response to any failure identified by the complaint or investigation.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The provider **should** also:

- Make all policies and procedures accessible to staff.
- Establish a patient participation group.

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

# Overall summary

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

## Population group ratings

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

## Our inspection team

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

## Background to Elizabeth Street Surgery

Elizabeth Street surgery is located in Blackpool at:

61 Elizabeth Street

Blackpool

Lancashire

FY1 3JG

The practice website can be found at [www.elizabethstreetsurgery.nhs.uk](http://www.elizabethstreetsurgery.nhs.uk).

The surgery is housed in a purpose-built, two-story building comprising of consulting and treatment rooms, administrative office space and two patient waiting areas.

On the first floor there are facilities for minor surgery. The practice provides services to approximately 5000 patients.

The practice provides level access to the building and is adapted to assist people with mobility problems. Patients can access the consulting rooms on the first floor by using the stairs and there is a lift for those patients who need it. During the Covid-19 pandemic, the practice has not allowed patients to access the upstairs areas due to new infection control procedures. There is limited onsite parking available and the practice is close to public transport.

The practice is part of the NHS Blackpool Clinical Commissioning Group (CCG) and services are provided under a General Medical Services Contract (GMS). There are two male GP partners, there are no other GP members of staff or locums currently being used by the practice.

The practice currently employs two practice nurses, one who works two days a week and a newly qualified nurse. The allied health professional team also includes a clinical pharmacist and a paramedic.

Non-clinical staff consists of a practice manager, one permanent member of administration staff and a team of agency reception staff. One of the non-clinical team is also qualified as a healthcare assistant and will start work in this role following a period of observed practice. The practice manager had been in post since February 2019.

When the practice is closed, patients are able to access out of hours services offered locally by the provider Fylde Coast Medical Services by telephoning 111. The practice patient population profile is similar to local and national profiles, with a slightly larger proportion of male patients aged between 25 and 35 years of age (8%) compared to local and national averages of 7%.

Information published by Public Health England rates the level of deprivation within the practice population group as one on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice caters for a higher proportion of patients experiencing a long-standing health condition (69% compared to the local average of 61% and national average of 54%). The proportion of patients who are in paid work or full-time education is lower (54%) than the CCG average of 55% and the national average of 62% and unemployment figures are lower, 3% compared to the CCG average of 6% and the national average of 5%. The practice provides family planning, maternity and midwifery services, surgical procedures, treatment of disease, disorder or injury and diagnostic and screening procedures as its regulated activities.

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 a series of locally based hubs.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p><b>The registered person had failed to ensure that any and all complaints received were investigated and that necessary and proportionate action was taken in response to any failure identified by the complaint or investigation. In particular;</b></p> <p>The practice was unable to demonstrate an effective system for complaints by patients. Written complaints had been referred to in clinical meeting minutes, but the practice could not demonstrate that these had been documented, actioned or learned from. We were told that verbal complaints rarely reached the complaints lead and were not documented, actioned or learned from.</p> <p><b>This was in breach of Regulation 16(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury Maternity and midwifery services	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>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;</b></p> <p>When asked, the practice was unable to provide evidence of a pulse oximeter for use with children within the practice.</p> <p>We found that COSHH items were stored inappropriately in clinical rooms and that ligature points were inconsistently addressed throughout the practice.</p>

This section is primarily information for the provider

## Requirement notices

Sharps boxes were being used outside of best practice.

The practice was unable to demonstrate that medical equipment was being maintained.

We saw that clinical staff were not always trained in safeguarding appropriate to their role but were seeing patients.

The practice was unable to demonstrate that flu vaccines and B12 injections were always given to patients with the authorisation of PGDs. One PGD that was supplied did not have the signature of the nurse who was administering it.

The practice was unable to demonstrate the immunisation status of nursing staff

**This was in breach of Regulation 12(1) 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. 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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the service being provided. In particular;</b></p> <p>The practice was unable to demonstrate clinical quality improvement activity. Audits were generic, not completed or simply reviews of patient numbers. Evidence was not available to demonstrate action taken to improve patient outcomes.</p> <p><b>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.</b></p> <p>The practice was unable to demonstrate a system to risk assess, track or monitor children on the child protection register. The practice was unable to assure us that patient registers were accurate or managed safely.</p> <p>Systems to demonstrate patients received appropriate monitoring, care and treatment were ineffective</p> <p>The practice was unable to demonstrate that risk assessments had been completed in the areas of health and safety, fire, control of substances hazardous to health (COSHH) or infection control including formal Covid-19 risk assessment.</p> <p>The practice could not demonstrate that there was an effective system of oversight or supervision for allied health professionals to ensure they were working within their competencies. Nor was there evidence of suitable induction programmes offered to newly appointed staff in other roles, such as receptionists.</p>

## Enforcement actions

The practice was unable to demonstrate an appropriate or effective system to manage important documents or communications in relation to patient diagnosis, referrals or safety. They were unable to demonstrate that tasks in relation to patient care or to ensure that these patients were safe these were being addressed or considered.

The practice was unable to demonstrate that there was an effective system to analyse themes within the significant events and glean actions from this to improve the delivery of service.

**The registered person had systems or processes in place that were operating ineffectively in that they failed to enable to registered person to seek and act on feedback from relevant persons and other persons on the service provided in the carrying on of regulated activity, for the purposes of continually evaluating and improving such services. In particular;**

The practice was unable to demonstrate that they had established systems to monitor patient satisfaction or to respond to data that demonstrated poor levels of patient satisfaction, particularly in relation to access to care and treatment.

**There was additional evidence of poor governance. In particular;**

The practice was unable to demonstrate that there were any systems to ensure overall clinical governance or overall leadership.

Systems of communication at the practice were poor; the practice was unable to demonstrate that team meetings, communication with outside professionals or stakeholders were consistent.

The practice was unable to demonstrate that their appointment system was effective.

We found that GPs were not consistently meeting requirements of patients in terms of access to a GP.

**This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**