

Halbutt Street Medical Practice

Inspection report

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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	Requires improvement	
Are services safe?	Requires improvement	
Are services effective?	Requires improvement	
Are services caring?	Requires improvement	
Are services responsive?	Requires improvement	
Are services well-led?	Good	

Overall summary

This practice is rated as Requires Improvement

overall. (Previous rating 23 October 2018 – Inadequate)

The key questions at this inspection are rated as:

Are services safe? – Requires improvement

Are services effective? - Requires improvement

Are services caring? - Requires Improvement

Are services responsive? - Requires improvement

Are services well-led? - Good

The overall rating for the practice at the October 2018 inspection was inadequate and the service was placed in special measures for a period of six months. The full comprehensive report from the inspection undertaken on 23 October 2018 can be found by selecting the 'all reports' link for Halbutt Street Medical Practice on our website.

As a result of our findings from the October 2018 inspection CQC issued Warning Notices for the identified breaches of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Specifically, we found concerns related to: safeguarding, medicines management, cervical screening, risk management including fire safety and infection control, cold chain management, staffing and recruitment and quality monitoring and improvement. The service had also not taken adequate action in response to below average national GP patient survey results. The practice was rated as inadequate and placed in special measures.

We carried out a focussed inspection on 11 February 2019 to check if improvements had been made in respect of the breaches of the regulations found during the inspection in October 2018. During that inspection we found some improvements had been made, however some breaches of the regulations remained/were found. Further warning notices were subsequently served.

The inspection on 26 June 2019 was undertaken within six months of the publication of the last comprehensive inspection. This was an announced comprehensive inspection. Overall the practice is now rated **Requires**

improvement

At this inspection we found:

The provider had taken action and had addressed most of the concerns from the previous inspection.

For example:

- The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.
- The practice had systems for the appropriate and safe use of medicines.
- Cancer indicators showed achievement was in line with the national and local Clinical Commissioning Group (CCG) averages. There was a failsafe process in place to manage test results.
- Safety systems and records were managed appropriately including fire safety, health and safety and infection control.
- Medicines were used and stored safely and appropriately.
- Staffing and recruitment procedures were effective.
- There was evidence of some quality improvement processes such as audits, surveys and action plans in response to areas of concern as highlighted by the results of the National GP Patient Survey.

However, we also found:

- Patient safety alerts were not always acted upon effectively.
- Above average levels of exception reporting for some diabetes indicators.
- Childhood immunisation uptake rates were below the World Health Organisation targets.
- Feedback from patients about the way staff treated people was variable.
- Support for patients for whom English was not a first language was limited.
- Feedback from patients about accessing services in a timely manner, in particular by telephone, was variable.
- Some areas of poor performance as highlighted by the results of the National GP Patient Survey had not improved.

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

- 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.

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

Overall summary

- Review the levels of antibiotic prescribing.
- Review and improve the provision of dementia training to ensure staff training requirements are identified and appropriately met.
- Review and improve available support for patients for whom English is not a first language.
- Review patient reviews online, for example on NHS Choices and consider appropriate action.
- Continue to review and improve telephone access and appointment availability at the practice.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC inspector and included a GP specialist adviser and a practice manager specialist adviser.

Background to Halbutt Street Medical Practice

Halbutt Street Medical Practice provides NHS primary care services to approximately 6750 people and is part of the NHS Barking and Dagenham Clinical Commissioning Group (CCG). The service is provided through a general medical services (GMS) contract. The practice is well served by local bus routes and permit free parking is available on surrounding streets, although at the time of our inspection permit parking was being introduced.

The practice is led by one male and one female GP partners and has two regular male locums collectively working 25 clinical sessions per week. They are supported by one full time female practice nurse and one part time female practice nurse, a practice manager and four reception/

administrative staff.

The practice is open between 8am and 7pm Monday to Friday. The practice telephone lines are open between 8am and 6.30pm. Appointments are available from 8am to 7pm every day, with the exception of Thursday when the appointments with the GPs are available until 12pm and until 1pm with the nurse. Extended hours appointments are offered on Mondays, Tuesdays and Fridays from 6.30pm to 7pm. Out of hours services are provided by the Out of Hours GP Hub and NHS 111

services when the practice is closed. Information on the Out of Hours services is provided to patients on the practice website as well as through practice leaflets and on posters.

Information taken from the Public Health England practice age distribution shows the population

distribution of the practice is similar to that of other practices in England, with the exception of a higher proportion of children between the ages of zero and 19 years. The life expectancy of male patients is 76 years, which is one year less than the CCG and three years less than the national average. The female life expectancy at the practice is 81 years, which is the same as the CCG

average and two years less than the national average of 83 years. Information published by Public Health England (PHE) rates the level of deprivation within the practice population group as six on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

Halbutt Street Medical Practice is registered to provide the following regulated activities.

- Diagnostic and Screening Procedures
- Treatments of Disease, disorder or injury
- Family planning

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• Surgical procedures

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met:
Surgical procedures Treatment of disease, disorder or injury	Processes and procedures to keep patient's safe were not always effective.
	 In particular we found: Patient safety alerts were not always managed appropriately to ensure all affected patients were reviewed and appropriate measures put in place.

Regulation Regulated activity Diagnostic and screening procedures Regulation 17 HSCA (RA) Regulations 2014 Good governance Family planning services How the regulation was not being met: Surgical procedures There was a lack of systems and processes established Treatment of disease, disorder or injury and operated effectively to ensure compliance with requirements to demonstrate good governance. In particular we found: • The provider did not have effective arrangements in place for the assessment, care and treatment of all patients diagnosed with diabetes due to below average performance and above average levels of exception reporting for some diabetes indicators. • Childhood immunisation uptake rates were below the World Health Organisation (WHO) targets • The provider had not addressed persistent negative feedback about the performance of the practice in relation to patient views about their experiences of appointments as demonstrated in the National GP

Patient Survey.