

# Dr Heather Charles

## Quality Report

Elsdale Street Surgery  
28 Elsdale Street,  
Hackney  
E9 6QY

Tel: 08444778763

Website: [www.elsdalestreetsurgery.nhs.uk](http://www.elsdalestreetsurgery.nhs.uk)

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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 service

Good



Are services safe?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Heather Charles on 5 January 2017. The overall rating for the practice was good, however the safe domain was rated requires improvement. The full comprehensive report on the January 2017 inspection can be found by selecting the 'all reports' link for Dr Heather Charles on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced desk-based review carried out on 14 September 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulation that we identified in our previous inspection on 5 January 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good overall including the safe domain.

Our key findings were as follows:

- There was a system in place for monitoring staff training and all staff at the practice were up to date with training that was required for their role.
- The practice had reviewed and were working to improve the uptake in cervical screening.
- There was a system in place to monitor prescription pads in accordance with NHS guidelines.
- There was an active patient participation group in place and the practice were actively recruiting more members.
- The practice was pro-active in working to improve patient satisfaction.

At our previous inspection on 5 January 2017, we rated the practice as requires improvement for providing safe services as not all staff were trained in basic life support, infection and prevention control, safeguarding and fire safety. At this inspection we found that the practice had improved the way they managed staff training and all staff were up to date with the required training for their roles.

**Professor Steve Field CBE FRCP FFPH FRCGP**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### **Are services safe?**

The practice is rated as good for providing effective services.

- There was evidence of completed fire safety training, basic life support training, infection and prevention control training and safeguarding training for all members of staff.

**Good**



# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The practice is rated as good for the care of older people. As the practice was found to be providing good services overall, this did not affect the rating for the population group we inspect against.

Good



### People with long term conditions

The practice is rated as good for the care of people with long term conditions. As the practice was found to be providing good services overall, this did not affect the rating for the population group we inspect against.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. As the practice was found to be providing good services overall, this did not affect the rating for the population group we inspect against.

Good



### Working age people (including those recently retired and students)

The practice is rated as good for the care of people with long term conditions. As the practice was found to be providing good services overall, this did not affect the rating for the population group we inspect against.

Good



### People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. As the practice was found to be providing good services overall, this did not affect the rating for the population group we inspect against.

Good



### People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). As the practice was found to be providing good services overall, this did not affect the rating for the population group we inspect against.

Good



# Dr Heather Charles

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector.

## Background to Dr Heather Charles

The Dr Heather Charles practice is located in the London Borough of Hackney within the NHS Hackney Clinical Commissioning Group. The practice holds a Personal Medical Services contract (an agreement between NHS England and general practices for delivering primary care services to local communities). The practice provides a full range of enhanced services including childhood immunisation and vaccination, meningitis immunisation, dementia support, influenza and pneumococcal immunisations, rotavirus and shingles immunisation and unplanned admissions avoidance.

The practice is registered with the Care Quality Commission to carry on the regulated activities of family planning, maternity and midwifery services, treatment of disease, disorder or injury and diagnostic and screening procedures.

The practice had a patient list size of 6,000 at the time of our inspection. The practice had a higher proportion of people with a long standing health conditions than local average (52% compared to the CCG average of 45% and the national average of 54%). The practice serves a diverse community. At 77 years, male life expectancy was below the CCG average of 78 years and the England average of 79 years. At 82 years, female life expectancy is comparable with the CCG average of 82 years and the England average of 83 years.

The practice has fewer patients aged 60 years of age and older compared to an average GP practice in England. The percentage of patients between the ages of 25 and 49 is higher than the average GP practice in England. The surgery is based in an area with a deprivation score of one out of ten (one being the most deprived). Children and older people registered with the practice have a higher level of income deprivation compared to the local and national averages. Patients at this practice have a higher rate of unemployment than the national average.

The clinical team at the practice included one principal female GP, five sessional GPs (four female and one male), two regular locum GPs (one male, one female), one female pharmacist, three female practice nurses and one male healthcare assistant. The non-clinical team at the practice included one practice manager and nine administrative staff. There were 23 GP sessions available per week.

The practice is open on the following days and times:

- Monday to Wednesday: 8.30am to 6.30pm
- Thursday: 8.30am to 1pm
- Friday: 8.30am to 5.30pm

Extended hours access is available three days a week:

- Tuesday: 7am to 8.30am
- Wednesday: 6.30pm to 7pm
- Saturday: 8.30am to 1pm

Urgent appointments are available each day and GPs also provide telephone consultations for patients. An out of hour's service is provided for patients when the practice is closed. Information about the out of hour's service is provided to patients through posters in the waiting area, on the practice website and the practice leaflet.

# Detailed findings

## Why we carried out this inspection

We undertook a comprehensive inspection of Dr Heather Charles on 5 January 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for the safe domain. The full comprehensive report following the inspection on January 2017 can be found by selecting the 'all reports' link for Dr Heather Charles on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up desk-based focused inspection of Dr Heather Charles on 14 September 2017. This inspection was carried out to review in detail the actions taken by the practice to confirm that the practice was now meeting legal requirements.

## How we carried out this inspection

We carried out a desk-based focused inspection of Dr Heather Charles on 14 September 2017. This involved reviewing evidence that:

- There was a system in place to monitor staff training and that all staff were up to date with training required for their role.
- The practice had reviewed and were working to improve the uptake in cervical screening.
- There was a system in place to monitor prescription pads in accordance with NHS guidelines.
- There was an active patient participation group in place and the practice were actively recruiting more members.
- The practice was pro-active in working to improve patient satisfaction.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

At our previous inspection on 5 January, we rated the practice as requires improvement for providing safe services as the arrangements in respect of staff training required improvement.

These arrangements had significantly improved when we undertook a follow up inspection on 14 September 2017. The practice have introduced a system for recording and managing staff training that provides assurance all staff will complete training appropriate for their role on a regular basis. The practice is now rated as good for providing effective services.

### Overview of safety systems and processes

When we inspected in January 2017 we found that there were clear processes in place for safeguarding vulnerable patients. We spoke to staff and they were aware of their safeguarding responsibilities however, the practice was unable to provide evidence that non-clinical members of staff had completed safeguarding training within the last 12 months.

We reviewed the training programme in place for staff during the focused desktop review and found that all staff at the practice were now up to date with safeguarding training appropriate for their role. For example, GPs, nurses and the HCA were all trained child safeguarding level 3 and non-clinical members of staff were all trained to child safeguarding level 1.

### Monitoring risks to patients

At the inspection in January 2017 we found that the practice had assessed the premises for fire safety and carried out regular fire drills. The practice had an infection and prevention control protocol in place and completed annual infection and prevention control audits. However, the practice were unable to provide evidence that all staff had completed fire safety training and infection and prevention control training within the last 12 months.

When we reviewed the training programme in place for staff during the focused desktop review we saw evidence that all staff at the practice had completed fire safety and infection and prevention control training within the last 12 months.

### Arrangements to deal with emergencies and major incidents

At the inspection in January 2017 we reviewed the arrangements in place for responding to medical emergencies. We found that the practice had the required lifesaving equipment to respond to medical emergencies; however the practice were unable to provide evidence that all staff had completed basic life support training within the last 12 months.

When we reviewed the training programme in place for staff during the focused desktop review we saw evidence that all staff at the practice had completed basic life support training within the last 12 months.