

# Elborough Street Surgery

## Quality 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 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 Elborough Street Surgery on 17 November 2016. The overall rating for the practice was good; however the safe domain was rated as requires improvement as:

- The practice did not have an automatic external defibrillator (AED) available on the premises for use in medical emergencies and no formal risk assessment in place to mitigate the risk to patients of not having one.

We also asked the practice to:

- Review how patients with caring responsibilities were identified and recorded on the clinical system to ensure information, advice and support was made available to them.
- Review the requirements for, and stocks of, emergency medicines in the practice to ensure these were in line with guidance and meeting the needs of patients.

The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for Elborough Street Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was a desk-based review carried out on 23 May 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to

the breaches in regulations that we identified in our previous inspection on 17 November 2016. This report covers our findings in relation to those requirements and also any additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- The practice had installed an AED in the practice and all staff had been trained to use it.
- The practice had reviewed and had put in place systems to improve how carers were identified. For example, the practice spoke to patient opportunistically, including those on the practice register of patients at risk of admission to hospital, to ask them if they had caring responsibilities. The practice also reviewed their computer system to make sure that patients were correctly 'coded' after being identified as having caring responsibilities (coding allows the computer system to be searched to find groups of patients with common interests or conditions or patients with specific needs such as carers). Carers are now included in the practice quarterly care planning process, where patient needs

# Summary of findings

are reviewed and staff updated on information and support available. However the practice were unable to demonstrate the impact of the work or the increase in the numbers of carers identified.

- The practice had reviewed their emergency medicines and had updated stocks to include recommended medicines that were not present at our last inspection; Aspirin (used in the treatment of suspected myocardial infarction, a heart attack) and Diazepam (used in the treatment of epileptic seizures).

The areas where the provider should make improvement are:

- Review how patients with caring responsibilities were identified and recorded on the clinical system to ensure information, advice and support was made available to them.

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?**

At our previous inspection on 17 November 2016, we rated the practice as requires improvement for providing safe services as;

- The practice did not have an automatic external defibrillator (AED) available on the premises for use in medical emergencies and no formal risk assessment in place to mitigate the risk to patients of not having one.

When we undertook a follow up inspection on 23 May 2017 we found these arrangements had improved. The practice is now rated as good for providing safe services.

**Good**



# Elborough Street Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC Lead Inspector carried out this desk based review.

## Background to Elborough Street Surgery

Elborough Street Surgery provides primary medical services in Wandsworth to approximately 6,150 patients and is one of 44 member practices in the NHS Wandsworth Clinical Commissioning Group (CCG). The practice operates under a Personal Medical Services (PMS) contract and provides a number of local and national enhanced services (enhanced services require an increased level of service provision above that which is normally required under the core GP contract).

The practice operates from converted residential premises with patient facilities on the ground floor, which is wheelchair accessible throughout, and the first floor which is not wheelchair accessible. There are six consultation and treatment rooms, two administration rooms, a meeting room, and a reception and waiting area. There are staff facilities and accessible facilities for patients with baby changing and breast feeding areas available.

The practice team at the surgery is made up of two full time female GP partners with one part time and one full time female salaried GPs. Together the GPs provide 31 clinical sessions per week. The practice employs two part time female practice nurses and two part time female health care assistants. The practice also has a part time

phlebotomist. The non-clinical team consists of one practice manager and six administrative and clerical staff. The practice is a training and teaching practice for medical students and GP registrars.

The practice opens between 8.00am and 6.30pm Monday to Friday. Appointments are available in two sessions daily, one morning and one afternoon. Extended hours appointments are offered from 6.30pm until 8.00pm on a Monday and Thursday evening. The practice is also open every Saturday between 9.00am and 12.00am.

The provider has opted out of providing out-of-hours (OOH) services to their own patients between 6.30pm and 8.00am when the practice directs patients to seek assistance from the locally agreed out of hours provider.

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

## Why we carried out this inspection

We undertook a comprehensive inspection of Elborough Street Surgery on 17 November 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement in the safe domain. The full comprehensive report following the inspection on 17 November 2016 can be found by selecting the 'all reports' link for Elborough Street Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up inspection of Elborough Street Surgery in the form of a desk based review on 23 May 2017.

# Detailed findings

This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and 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 Elborough Street Surgery on 23 May 2017. This involved reviewing the action plan the practice submitted following their November 2016 inspection, and additional evidence submitted by the practice that demonstrated they had:

- Installed an automatic external defibrillator (AED) available on the premises for use in medical emergencies or carried out a formal risk assessment to mitigate the risk to patients of not having one.
- Reviewed how patients with caring responsibilities were identified and recorded on the clinical system to ensure information, advice and support was made available to them.
- Reviewed the requirements for, and stocks of, emergency medicines in the practice to ensure these were in line with guidance and meeting the needs of patients.

# Are services safe?

## Our findings

At our previous inspection on 17 November 2016, we rated the practice as requires improvement for providing safe services as;

- The practice did not have an automatic external defibrillator (AED) available on the premises for use in medical emergencies and no formal risk assessment in place to mitigate the risk to patients of not having one.

These arrangements had improved when we undertook a follow up inspection on 23 May 2017. The practice is now rated as good for providing safe services.

### Arrangements to deal with emergencies and major incidents

- The practice had purchased and installed an automatic external defibrillator (AED) for use in medical emergencies.
- All staff had been trained in basic life support (BLS) including the use of an AED.
- The AED was checked regularly alongside other emergency equipment to ensure it was working properly.