

Island Health

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 Island Health on 19 May 2016. The overall rating for the practice was good. The full comprehensive report published on 27 July 2016 can be found by selecting the 'all reports' link for Island Health on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 18 April 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 19 May 2016. There were concerns relating to the management and storage of medicines, staff training, medical indemnity insurance and the assessments of staff who may require Disclosure and Barring Service (DBS) checks and to what level. 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.

Our key findings were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Safety systems and processes were embedded, with the exception of those relating to medicines storage and recruitment.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

At our previous inspection on 19 May 2016, we rated the practice as requires improvement for providing safe services as not all medicines were accounted for, there was a member of staff employed who did not have valid medical indemnity insurance and not all staff had Disclosure and Barring Service (DBS) checks commensurate to their roles. At this inspection we found that all medicines were stored appropriately and accounted for, all clinical staff had the appropriate medical indemnity insurance and the practice had developed a DBS protocol which risk assessed staff according to their role which then determined the level of DBS or if it was required.

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 safe services.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.
- All medicines were stored securely.
- The practice ensured all recruitment checks were up to date including DBS checks and ensure staff medical indemnity was current.

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 provider had resolved the concerns for safety identified at our inspection on 19 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

The provider had resolved the concerns for safety identified at our inspection on 19 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

The provider had resolved the concerns for safety identified at our inspection on 19 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for safety identified at our inspection on 19 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety identified at our inspection on 19 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety identified at our inspection on 19 May 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Island Health

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP specialist adviser.

Background to Island Health

Island Health is located on the Isle of Dogs in east London. It is one of the 36 member GP practices in NHS Tower Hamlets CCG which are organised into eight commissioning networks. Island Health is one four practices forming the Healthy Island Partnership commissioning network. The aim of the network is to work together with patients and other local colleagues, for example pharmacists, children's centres, voluntary sector organisations, schools and the local authority, to improve health and wellbeing.

Tower Hamlets is ethnically diverse with around half the population comprising of Black and Minority Ethnic groups. The largest of these is the Bangladeshi community (33%). The practice is located in the fifth more deprived decile of areas in England. At 79 years, male life expectancy is equal to the England average of 79 years. At 84 years, female life expectancy is greater than the England average of 83 years.

The practice has approximately 11,750 registered patients. It has fewer patients aged 45 years and above compared with the England average, and a larger number of patients in the 25 to 39 years age range than the England average. Services are provided by the Island Health partnership under a General Medical Services (GMS) contract with NHS England.

The practice is in purpose built health care premises owned by a local charitable trust. It is close to public

transport and has a car park. All patient areas are accessible to wheelchair users and there is a disabled toilet. The practice has ten consulting rooms, four treatment rooms and a blood tests room. The practice shares the building with a dental surgery and with district nursing and health visiting services.

There are six partners and six salaried GPs who provide the equivalent of 6.75 whole time GPs. There are eight female and four male GPs. There are three part time nurse practitioners (1.72 whole time equivalent), one full time practice nurse, one full time practice nurse-in-training, and a part time health care assistant (0.83 WTE). There is a team of reception, administrative, secretarial and book keeping staff led by a reception manager and practice manager. One of the receptionists is also a trained phlebotomist.

The practice is an accredited GP training and teaching practice and three of the GPs are approved trainers. There were two GP in training doctors attached to the practice at the time of our visit. Some of the GP partners had completed their GP training at the practice.

The practice is open 8.00am to 6.30pm, Monday to Friday. Outside these times patients are directed to an out of hours GP services. In addition, the practice is open for booked appointments until 8.00pm on Monday and Wednesday, and from 7.00am on Thursday. Appointments are also available at another local practice between 8.00am and 8.00pm on Saturday and Sunday under GP hub arrangements in Tower Hamlets.

Island Health is registered with the Care Quality Commission to carry on the following regulated activities at 145 East Ferry Road, Isle of Dogs, London E14 3BQ: Diagnostic and screening procedures; Family planning, Maternity and midwifery services, Surgical procedures and Treatment of disease, disorder or injury.

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Island Health on 19 May 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall but requires improvement under Safe. The full comprehensive report following the inspection on 19 May 2016 can be found by selecting the 'all reports' link for Island Health on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Island Health on 18 April 2017. 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

During our visit we:

- Spoke with a range of staff (practice manager and GPs) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited all practice locations.
- Looked at information the practice used to deliver care and treatment plans.

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 19 May 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of managing medicines and recruitment checks were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 18 April 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, and patient safety alerts, and the minutes of meetings and journal clubs where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a significant event, the practice reviewed and improved the arrangements in place for treating seriously ill children to minimise any delay in treating them still further.

Overview of safety systems and process

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. The GPs attended safeguarding meetings and provided reports where necessary for other agencies.
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 and nurses were trained to level 2.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The last audit was in February 2017 and the practice achieved a 94% compliance rate.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process

Are services safe?

to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Two of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow other nurses to administer medicines in line with legislation (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). The Health care assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber (A PSD is a written instruction, signed by a GP, or non-medical prescriber for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis). All medicines were stored securely in a locked room with a key safe and a locked fridge. All medicines were present as per the practices stock list. The emergency drug bag was checked monthly.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a

health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as health and safety, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.