

Aldersbrook Medical Centre

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 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Aldersbrook Medical Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Aldersbrook Medical Centre on 16 November 2016. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- Results of the national GP patient survey showed that the practice was performing below local and national averages in some areas.
- Some patients said they did not find it easy to make an appointment with a GP but there was continuity of care, with urgent appointments available the same day.
- The practice had identified less than 1% of patients as having caring responsibilities.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.

- 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.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

Summary of findings

- Continue to monitor and work to improve patient outcomes in QOF (Quality and Outcomes Framework) to improve patient outcomes.
- Review the cleaning arrangements of the practice to ensure they are sufficient to maintain appropriate standards of cleanliness and hygiene.
- Review how patients with caring responsibilities are identified and recorded on the patient record system to ensure information, advice and support is made available to all.
- Continue to take action to improve the availability of appointments in response to patient feedback.
- Display the practice mission statement so that staff and patients are aware of the practice' overarching purpose.
- Monitor quality and outcomes framework (QOF) exception reporting and work to improve patient outcomes in QOF.

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.

- There was an effective system in place 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 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 in place to keep patients safe and safeguarded from abuse.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were below average compared to the local and national average in some areas, the practice was working to improve its performance.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care. For example:
 - 76% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
 - 72% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.

Good



Summary of findings

- 68% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 85%.
- The practice had identified less than 1% of patients as carers.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Some patients said they did not find it easy to make an appointment with a GP but there was continuity of care, with urgent appointments available the same day.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as good for being well-led.

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. However, results of the national GP patient survey showed that the practice was performing below local and national averages in a number of areas.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- If families had suffered bereavement, their usual GP contacted them to offer condolences and to signpost them to local support groups.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the national average. For example, 77% of patients with diabetes had well controlled blood sugar readings in the preceding 12 months compared to a CCG average of 70% and a national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Good



Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 79% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Extended hours appointments were available four mornings a week for the benefit of patients who could not attend during working hours.

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.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

Good



The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 75% of patients diagnosed with dementia had received a care review in a face-to-face review in the preceding 12 months which was below the CCG average of 83% and the national average of 84%.
 - Performance for mental health related indicators was varied in comparison to the national average. For example :
 - 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive agreed care plan documented in their record, in the preceding 12 months, compared to a CCG average of 90% and a national average of 88%.
 - 75% of patients diagnosed with dementia had received a care review in a face-to-face review in the preceding 12 months compared to a CCG average of 83% and a national average of 84%.
 - 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had had their alcohol consumption recorded in the preceding 12 months compared to a CCG average of 91% and a national average of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing above local and in line with national averages in some areas. Two hundred and ninety-two survey forms were distributed and 103 were returned. This represented 3% of the practice's patient list.

- 73% of patients found it easy to get through to this practice by phone compared to a CCG average of 53% and a national average of 73%.
- 76% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 64% and a national average of 76%.
- 86% of patients described the overall experience of this GP practice as good compared to a CCG average of 73% and a national average of 85%.

- 71% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to a CCG average of 67% and a national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards which were all positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. However, eight cards also mentioned difficulty in getting appointments.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They mentioned that there were difficulties in getting non-urgent appointments.

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to monitor and work to improve patient outcomes in QOF (Quality and Outcomes Framework), and to monitor QOF exception reporting, to improve patient outcomes
- Continue to monitor the cleaning arrangements of the practice to ensure they are sufficient to maintain appropriate standards of cleanliness and hygiene.
- Review how patients with caring responsibilities are identified and recorded on the patient record system to ensure information, advice and support is made available to all.
- Continue to take action to improve the availability of appointments in response to patient feedback.
- Display the practice mission statement so that staff and patients are aware of the practice' overarching purpose.

Aldersbrook Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser, a practice manager specialist adviser, a clinical fellow and an Expert by Experience.

Background to Aldersbrook Medical Centre

Aldersbrook Medical Centre provides primary medical services in Redbridge to approximately 3830 patients and is a member of NHS Redbridge Clinical Commissioning Group (CCG).

The practice population is in the fifth least deprived decile in England. It has less than CCG and national average representation of income deprived children. The practice had surveyed the ethnicity of the practice population and had determined that 65% of patients described themselves as white, 14% Asian, 2% black and 19% as having mixed or other ethnicity.

The practice operates from a converted residential property with all patient facilities on the ground floor that is wheelchair accessible. There are offices for administrative and management staff on the ground and first floors. Both floors are accessed via stairs.

The practice operates under an Alternative Provider Medical Services (APMS) contract (an APMS contract allows NHS England to contract with organisations to provide primary medical care services) 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 enhanced services it provides are: meningitis immunisation; alcohol brief intervention; facilitating timely diagnosis and support for people with dementia; influenza and pneumococcal immunisations; patient participation; rotavirus and shingles immunisation; and unplanned admissions.

The practice team at the surgery is made up of one full-time permanent male GP, and two part-time female locum GPs. The doctors provide 18 clinical sessions per week. The nursing team consists of one part-time female nurse prescriber, and one time female health care assistant. There are seven administrative, reception and clerical staff including a part-time practice manager.

The practice is open between 8.00am and 6.30pm Monday to Friday. Appointments are from 8.00am to 11.00am, and from 2.30pm to 6.30pm daily. Extended surgery hours are offered from 7.30am until 8.00am Monday to Wednesday and Friday. The practice does not open on a weekend. The practice belongs to a GP hub which has appointments until 10.00pm on weekdays, with weekend appointments also available. The practice has opted out of providing out of hours (OOH) services to their own patients when it is closed and directs patients to the OOH provider for NHS Redbridge CCG.

Aldersbrook Medical Centre is registered with the Care Quality Commission as part of Malling Health (UK) Limited to provide the regulated activities of maternity and midwifery services; diagnostic and screening procedures; treatment of disease, disorder or injury; surgical procedures; family planning.

This practice has not previously been inspected by CQC.

Detailed findings

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 16 November 2016. During our visit we:

- Spoke with a range of staff (GP, practice nurse, practice manager and clerical and reception staff.) and spoke with patients who used the service.
- Observed how patients were being cared for 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.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

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

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, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, due to misreading of a patient's notes a patient was given treatment that was not due. The practice reviewed the incident, apologised to the patient and met to agree changes to its procedures to require staff to write clear notes and to read the notes fully before the consultation. It also introduced the use of appointment slips so that patients coming back for treatment would have information confirming the action to be taken.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- 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

member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always 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 and nurses were trained to child protection or child safeguarding level 3 and the healthcare assistant and non-clinical staff 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 generally maintained standards of cleanliness and hygiene. However, one room had been less well cleaned. The practice made arrangements to review its cleaning arrangements. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG 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 in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines. They received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health

Are services safe?

Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSDs) from a prescriber. 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. PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

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 control of

substances hazardous to health and 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 in a secure area of the practice 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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The 2014-15 published results were 98% of the total number of points available, with overall clinical exception reporting of 15%, compared to a CCG average of 7% and a national average of 9%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

There was higher than average exception reporting in the following domains:

- 17% of patients with atrial fibrillation had been excepted compared to a CCG average of 11% and a national average of 11%.
- 23% of patients with COPD had been excepted compared to a CCG average of 10% and a national average of 12%.
- 50% of patients with Cancer had been excepted compared to a CCG average of 17% and a national average of 15%.
- 18% of patients with chronic kidney disease had been excepted compared to a CCG average of 6% and a national average of 8%.

- 17% of patients with diabetes mellitus had been excepted compared to a CCG average of 8% and a national average of 11%.

The practice told us that it had previously prioritised other work. The practice manager and a member of the administration team had worked to reduce the level of exception reporting. We reviewed the exception reporting for the current QOF year (2015-16) and found, that the overall clinical exception rate had reduced to 11% (CCG Average 8%, national average 10%). In addition, the previously high levels of exception reporting within individual domains had been significantly reduced, for example:

- 10% of patients with atrial fibrillation had been excepted compared to a CCG average of 8% and a national average of 10%.
- 20% of patients with Cancer had been excepted compared to a CCG average of 26% and a national average of 25%.

Data from 2014-15 showed:

- Performance for diabetes related indicators was similar to the national average. For example, 77% of patients with diabetes, had well controlled blood sugar readings in the preceding 12 months compared to a CCG average of 70% and a national average of 78%.
- Performance for mental health related indicators was varied in comparison to the national average. For example :
 - 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive agreed care plan documented in their record, in the preceding 12 months, compared to a CCG average of 90% and a national average of 88%.
 - 75% of patients diagnosed with dementia had received a care review in a face-to-face review in the preceding 12 months compared to a CCG average of 83% and a national average of 84%.
 - 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had had their alcohol consumption recorded in the preceding 12 months compared to a CCG average of 91% and a national average of 90%.

Are services effective?

(for example, treatment is effective)

There was evidence of quality improvement including clinical audit.

- There had been eight clinical audits undertaken in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, including a recent COPD (chronic obstructive pulmonary disease) audit with the CCG.
- Findings were used by the practice to improve services. For example, recent action taken as a result included an audit antibiotic medicines (including nitrofurantoin and trimethoprim) given for urinary tract infections (UTIs). In the first cycle the practice reviewed 24 patients, and considered whether they were given treatment for the recommended number of days. It found that of 10 patients given nitrofurantoin, three patients were given longer than recommended and six were given prescriptions for a shorter time than recommended. Of the four patients prescribed trimethoprim, one was given longer than recommended treatment. It reviewed the results and met to remind the clinicians of the guidelines for prescribing. During the second cycle it found that, for nitrofurantoin two out of eight patients were given treatment for more than the recommended five days. While for trimethoprim both patients were given the antibiotic for the correct number of days. The practice reviewed the results in a meeting and concluded that it was prescribing in line with prescribing guidelines.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Are services effective?

(for example, treatment is effective)

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and asthma. Patients were signposted to the relevant service.
- A dietician and smoking cessation advice were available from a local support group.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 79% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated

how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 89% to 89% (CCG average 91% to 92%, national average 73% to 93%) and five year olds from 79% to 97% (CCG average 72% to 85%, national average 81% to 95%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 32 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Eight cards, however, mentioned difficulty in getting an appointment. The practice told us that it was reviewing its appointment system to see how best GP and nurse sessions could be used for patient benefit. It was aware that patients were less keen to see the locum GPs and this was putting pressure on appointments with the lead GP. It was actively seeking a permanent female GP.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed how patients felt they were treated. The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 76% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 72% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.

- 89% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 74% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 78% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 78% and the national average of 87%.

The practice told us that a permanent GP had left the practice and whilst the practice was seeking a replacement it had been reliant on using locum GPs. The previous practice nurse had also left the practice which had left the practice reliant on a locum nurse during the survey period. Patients had been unsettled by the two clinical staff leaving the practice. Since then it had recruited a permanent practice nurse.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views, though eight of the 32 cards received mentioned difficulty in getting an appointment. We also saw that care plans were personalised.

Results from the national GP patient survey showed how patients responded to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 75% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.

Are services caring?

- 70% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- 68% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 85%.

The practice told us that it had been reliant on a locum nurse and locum GPs and patients had been less satisfied as a result. It had since recruited a permanent practice nurse, but was still seeking a permanent GP.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

- Information leaflets were available in easy read format.
- Staff spoke a range of locally spoken languages.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 27 patients as carers (less than 1% of the practice list). Carers are signposted to a range of locally available services. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them to offer condolences and to signpost them to local support groups.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours appointments on a Monday to Wednesday and Friday mornings from 7.30am to 8.00am for patients who could not attend during normal opening hours. It was also a member of a GP hub enabling patients to get appointments up to 10.00pm on weekday evenings with weekend appointments available,
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients could book appointments and order repeat prescriptions online.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice, on the initiative of the lead GP, was providing primary medical care for a group of six patients undergoing gender reassignment.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Appointments were available from 8.00am to 11.00am, and from 2.30pm to 6.30pm daily. Extended surgery hours were offered from 7.30am until 8.00am on Monday to Wednesday and Friday. The practice did not open on a weekend. The practice was part of a GP hub which offered appointments until 10.00pm on weekdays, with weekend appointments also available. The

practice had opted out of providing out of hours (OOH) services to their own patients when it was closed and directed patients to the OOH provider for NHS Redbridge CCG.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and the national average of 79%.
- 73% of patients said they could get through easily to the practice by phone compared to the CCG average of 53% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- Whether a home visit was clinically necessary; and
- The urgency of the need for medical attention.

This was achieved by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, including a poster in the reception area.

Are services responsive to people's needs? (for example, to feedback?)

We looked at four complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way, with openness and transparency in dealing with the complaint. Lessons were learnt from individual concerns and complaints, from analysis of trends, and action was taken to as a result to improve the quality of care. For example, a patient complained about a

telephone conversation with the practice to discuss test results. The practice reviewed the complaint and apologised to the patient. It then met to discuss the complaint, and agreed that in future it would have similar conversations in face-to-face appointments. The practice amended its procedures in line with the changes made.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

The practice had a vision to deliver quality care and promote good outcomes for patients.

- The practice had a mission statement but it was not displayed in the waiting areas and staff were not aware of the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, results of the national GP patient survey showed that the practice was performing below average in regard to some areas of patient satisfaction. The practice considered that this was a result of two clinical staff leaving the practice which had resulted in greater reliance on locum staff.

Leadership and culture

On the day of inspection the directors in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the directors were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The directors encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

- The practice gave affected people reasonable support, truthful information and an apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice

team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. One of the practice nurses was training to be an advanced nurse practitioner.