

Castleton Road Health Centre

Quality Report

19-21 Castleton Road Health Centre,
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Website: none

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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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive to people's needs?

Good



Are services well-led?

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 Castleton Road Health Centre (Dr M.A Quraishi & Partner) on 26 October 2016. Overall the practice is rated as requires improvement.

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

- The practice had not carried out annual infection prevention and control audits or legionella risk assessments.
- It had not completed all pre-employment checks for a locum GP employed at the practice.
- The practice had not ensured that all staff had received all mandatory training including, health and safety, infection prevention and control and information governance.
- The practice was not keeping written records of all meetings as evidence of decisions and that learning from, for example, complaints it recorded were acted upon.

- Findings of the national GP patient survey showed that the practice was performing below the national average in a number of areas.
- 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.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure that there are appropriate systems in place to properly assess and mitigate against risks including risks associated with infection prevention and control and legionella.
- Ensure the procedure for all staff recruitment includes undertaking all relevant pre-employment checks.

In addition the provider should:

- Provide all staff with mandatory training in line with national guidance and guidelines.
- Keep written records of meetings so that appropriate decisions and learning are recorded and acted upon.
- Carry out regular checks of equipment and medicines to ensure that any out of date stock is removed and suitably disposed of.
- Monitor and work to improve patient outcomes in QOF, in relation to patients with dementia.
- Address the issues highlighted in the national GP survey in order to improve patient satisfaction.

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 requires improvement for providing safe services.

- The practice was not carrying out annual infection prevention and control audits or legionella risk assessments in line with national guidance.
- Not all pre-employment checks had been carried out for one member of clinical staff.
- Lessons were shared to make sure action was taken to improve safety in the practice, however, the practice was not writing up minutes of meetings to ensure that appropriate decisions reached and learning was recorded and acted upon.
- There was an effective system in place for reporting and recording significant events.
- When things went wrong patients received reasonable support, truthful information, and an 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.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Not all staff had received all mandatory training, but they were aware of their roles and responsibilities in those areas.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- 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 requires improvement for providing caring services.

Requires improvement



Summary of findings

- Data from the national GP patient survey showed patients rated the practice below others for a number of aspects of care.
- 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.

Good



- The practice was not keeping a written record of all meetings, including meetings where complaints were discussed.
- 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 been chosen to take part in a CCG Productive General Practice Programme.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day, and could book appointments up to one week in advance.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

Are services well-led?

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

Good



- 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, the practice was not carrying out regular infection prevention and control audits or legionella risk assessments.
- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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.

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 proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

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 was rated as requires improvement for safe and caring. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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 sent a sympathy card. This card was followed by condolence visit for patients' families.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safe and caring. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance indicators for diabetes were comparable to the CCG and national averages.
- 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.

Requires improvement



Families, children and young people

The provider was rated as requires improvement for safe and caring. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

Requires improvement



Summary of findings

- 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.
- 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.
- 81% of women aged 25-64 had had a cervical screening test performed in the preceding 5 years, which was comparable to the CCG (79%) and national (82%) averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

The provider was rated as requires improvement for safe and caring. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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 reflects the needs for this age group.
- The practice offered extended hours appointments on Monday and Wednesday evenings for the benefit of patients who could not attend during working hours.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safe and caring. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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.

Requires improvement



Summary of findings

- 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.

People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for safe and caring. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Performance indicators for dementia were below the national average. For example, 71% of patients diagnosed with dementia had been reviewed in a face-to-face review in the preceding 12 months, which was below the national average of 84%.
- 96% of patients with schizophrenia, bipolar affective disorder and other psychoses had a care plan which was above the CCG (90%) and national (88%) averages.
- 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.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing below local and national averages. Three hundred and sixty-three survey forms were distributed and 101 were returned. This represented 2.3% of the practice's patient list.

- 80% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 48% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 70% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 52% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

The practice told us it that it offered extended hours appointments on Monday and Wednesday from 6.30pm to 7.30pm. It was also part of a local GP hub enabling patients to get weekday appointments up to 10.00pm with weekend appointments also available.

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 the practice gave a good service and that the GPs and staff were very friendly and helpful.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice participated in the NHS friends and family test (FFT) (FFT is an anonymised method of asking patients if they would recommend the practice to a friend or family member). One hundred percent percent of 12 patients responding to the FFT said they would recommend the practice.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that there are appropriate systems in place to properly assess and mitigate against risks including risks associated with infection prevention and control and legionella.
- Ensure the procedure for all staff recruitment includes undertaking all relevant pre-employment checks.

Action the service **SHOULD** take to improve

- Provide all staff with mandatory training in line with national guidance and guidelines.

- Keep written records of meetings so that appropriate decisions and learning are recorded and acted upon.
- Carry out regular checks of equipment and medicines to ensure that any out of date stock is removed and suitably disposed of.
- Monitor and work to improve patient outcomes in QOF, in relation to patients with dementia.
- Address the issues highlighted in the national GP survey in order to improve patient satisfaction.

Castleton Road Health 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 and an Expert by Experience.

Background to Castleton Road Health Centre

Castleton Road Health Centre (Dr M.A Quraishi & Partner) provides primary medical services in Ilford to approximately 4387 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 and older people. Twenty-four percent of children are affected by income deprivation (CCG average 19%, national average 20%). 27% of older people are affected by income deprivation (CCG average 21%, national average 16%). The practice had surveyed the ethnicity of the practice population and had determined that 29% of patients described themselves as white, 52% Asian, 12% black and 7% as having mixed or other ethnicity.

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

The practice operates under a General Medical Services (GMS) 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 enhanced services it provides are: childhood vaccination and immunisation scheme; extended hours access; facilitating timely diagnosis and support for people with dementia; improving patient online access; influenza and pneumococcal immunisations; learning disabilities; patient participation; risk profiling and case management; rotavirus and shingles immunisation; and unplanned admissions.

The practice team at the surgery is made up of one full-time female and one full-time male GP partners, and a part-time male locum GP. The doctors provide 17 clinical sessions per week. The nursing team consists of one part-time female practice nurse and a part-time female trainee practice nurse, together with two part-time healthcare assistants, one of whom was on maternity leave at the time of our inspection. There is also a clinical pharmacist who offers four clinical sessions per week. There are eight administrative and clerical staff including a full-time practice manager.

The practice is open:

Monday, Tuesday, Wednesday and Friday 8.00am to 1.30pm and 2.30pm to 7.30pm.

Thursday 8.00am to 1.30pm.

GP appointments are available:

Monday and Tuesday 9.40am to 12.40pm and 2.30pm to 6.20pm.

Wednesday 9.40am to 1.00pm and 2.30pm to 6.20pm.

Thursday 9.30am to 12.40pm.

Friday 9.00am to 12.40pm and 2.30pm to 6.20pm.

Nurse Appointments are available:

Detailed findings

Monday 10.00am to 1.00pm and 2.30pm to 6.20pm.

Tuesday 9.30am to 2.00pm and 2.30pm to 6.20pm.

Wednesday 10.00am to 12.50pm and 2.30pm to 5.00pm.

Extended surgery hours are available:

Monday and Wednesday 6.30pm to 7.30pm.

The practice does not open on a weekend. 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.

Castleton Road Health Centre (Dr M.A Quraishi & Partner) is registered as a partnership with the Care Quality Commission to provide the regulated activities of: maternity and midwifery services; treatment of disease, disorder or injury; diagnostic and screening procedures.

This practice has not previously been inspected by CQC.

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 26 October 2016. During our visit we:

- Spoke with a range of staff (GP, practice manager, nurse, and reception and clerical 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, a patient was prescribed a medicine but suffered a reaction to it. The practice discussed the incident and instructed all clinicians that in addition to explaining any potential side effects they must explain what circumstances would require the patient to seek further medical treatment.

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, nurses, HCAs and the clinical pharmacist were trained to child protection or child safeguarding level 3, and non-clinical staff were trained to level 1.

- 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 standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse and one of the GPs shared the role of infection control clinical lead and liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place but not all staff had received up to date training. The most recent infection prevention and control audit was undertaken in 2013, not in line with national guidance. Most identified work had been actioned, however there were outstanding works in relation to unsuitable wall coverings in two clinical rooms.
- We noted that sharps injury protocols were displayed in clinical rooms to advise on the procedure to deal with an injury received such as from a syringe needle. However, the protocols displayed did not show contact details for a local hospital. The practice immediately replaced the protocols with an appropriate version.
- 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 but

Are services safe?

there was no system in place to monitor their use.

Immediately following our visit the practice amended its prescribing policy and introduced a system to monitor in use prescription pads and paper.

- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health 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.
- The practice held a supply of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. During our visit the practice confirmed that it was seeking authorisation for the destruction of the controlled drugs as they were no longer required. The practice subsequently provided us with evidence of its authorisation to destroy the controlled drugs, and that this had taken place.
- There was an out of date medical reference book in one of the clinical rooms. The practice immediately removed the book and subsequently provided us with proof of delivery of a suitable replacement.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment for staff employed with the exception of a locum GP. Information not recorded for the independently sourced locum GP included: references, job description, immunity status and 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 an up to date fire risk assessment 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. There had not been a recent legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We reviewed the most recent legionella risk assessment, from 2013, and found that there were recommended actions yet to be completed. The practice subsequently obtained a quote for a legionella risk assessment.

- The practice was recording the temperatures of the two vaccines fridges, and all were in range. On the day of inspection, however, we noticed that the vaccines fridges were heavily stocked and that the door of the smaller fridge was damaged. The practice immediately ordered a larger fridge to replace the smaller vaccines fridge, and supplied us with evidence of delivery of the new fridge. The vaccines stock was divided between the two fridges to alleviate any overcrowding.
- In one of the consultation rooms there were out of date supplies, including urine syringes and chlamydia test kits. These had been separated but not removed to ensure that they could not be used during patient treatment. The practice took immediate action to remove and to appropriately dispose of the out of date stock.
- 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 a 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.

Are services safe?

- The practice had a defibrillator available on the premises. A first aid kit and accident book were available. It also had two oxygen cylinders with adult and children's masks. However, one cylinder was less than half full and neither cylinder was being regularly checked. Following our inspection the practice took immediate action to replace the cylinder which was less than half full, and subsequently provided us with evidence of delivery of a replacement. It also amended, and provided us with a copy of its emergency trolley and oxygen trolley checklist.
- 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.

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. However, there was no failsafe system to ensure that all staff were alerted to safety alerts. Following the inspection the practice provided us with an updated protocol to show that all staff were alerted.

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 most recent published results were 98% of the total number of points available, with an overall clinical exception rate of 5% (4% below the national average). 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.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-15 showed:

- Performance for diabetes related indicators was better than the national average. For example, 81% of patients with diabetes had a last blood pressure reading (measured in the preceding 12 months) of 140/80 mmHg or less compared to a CCG average of 78% and a national average of 78%.
- Performance for mental health related indicators was mixed. For example, 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%. However, 71% of patients diagnosed with dementia had had their care

reviewed in a face-to-face review in the preceding 12 months compared to a CCG average of 83% and a national average of 84%. The practice had a small register of only seven patients.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits.

Information about patients' outcomes was used to make improvements such as: a recent audit of patients with diabetes. During the first cycle the practice identified, using a range of criteria, 75 patients who needed to be reviewed to optimise their treatment. Of those 75 patients it found only 19 had cholesterol levels within the acceptable range. Following the audit the clinical staff discussed the outcome in a meeting and agreed a plan of action to improve the diabetic care for these patients. In the second cycle there were 62 patient who met the criteria. Of these patients 54 had cholesterol levels within the acceptable range. The practice discussed the results and agreed to continue to improve the diabetic control for this patient group.

Effective staffing

Most 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.

Are services effective?

(for example, treatment is effective)

- 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 mandatory training that included: safeguarding, fire safety awareness, basic life support and information governance. However, some staff records showed that they had not received training in: health and safety, infection prevention and control and information governance. Staff had access to e-learning training modules and in-house training. Staff we spoke to on the day were aware of their roles and responsibilities in regard to these areas.

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.

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 81%, which was above the CCG average of 79% and similar to the national average of 82%. There was a policy to offer letter and 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/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 93% (CCG average ranged from 91% to 92%, national average ranged from 73% to 93%) and five year olds from 75% to 95% (CCG average ranged from 69% to 85%, national average ranged from 81% to 95%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Are services effective?

(for example, treatment is effective)

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.

We spoke with three members 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 in regard to compassion, dignity and respect. The practice was below the CCG and national averages for its satisfaction scores on consultations with GPs and below the national average for consultations with nurses. For example:

- 75% 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%.
- 76% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 88% 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%.

- 69% 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%.
- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 91%.
- 84% 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 for part of the time during which the patient survey was collecting data one of the partners was absent from the practice due to ill-health. That had caused the practice to rely on increased use of locum GPs.

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. 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:

- 69% 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%.
- 57% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice told us that the data collection period for the survey had partly coincided with one of the partners being absent due to ill-health. As a result there had been increased use of locum GPs.

Are services caring?

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.
- We were also told that the GPs and the pharmacist were able to conduct consultations in some locally spoken languages, for patients who would benefit from this.
- Information leaflets were available in an easy to read format.

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. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 41 patients as carers (1% of the practice list). The practice ran pharmacist led clinics during which carers were offered lifestyle advice, influenza vaccination, BMI check, BP check; as well as screened for depression. Those patients screening positive for depression were booked for a GP review. All registered carers received printed details of the Redbridge Carers Support Service. 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 sent a sympathy card. This card was followed by condolence visit for patients' families.

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 and Wednesday evenings until 7.20pm for patients who could not attend during normal opening hours. It was also part of a local GP hub which enabled patients to book appointments at the hub locations up until 10.00pm on week nights and also to attend appointments on Saturday and Sunday.
- 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.
- There were disabled facilities, a hearing loop and translation services available.
- The practice employed a clinical pharmacist for four sessions a week. The pharmacist was undertaking reviews and health checks for patients with chronic diseases including diabetic foot checks. The pharmacist also ran carers clinics during which carers were offered lifestyle advice, influenza vaccination, BMI check, BP check; as well as screening for depression. Those patients screening positive for depression were booked for a GP review. All registered carers received printed details of the Redbridge Carers Support Service.
- The practice had been selected as one of two local sites for the NHS Redbridge CCG Productive General Practice programme. The programme was due to commence with training on 24 November 2016 and required participant practices to gather data on its patient population and performance to inform future developments in general practice.

Access to the service

The practice was open:

Monday, Tuesday, Wednesday and Friday 8.00am to 1.30pm and 2.30pm to 7.30pm.

Thursday 8.00am to 1.30pm.

GP appointments were available:

Monday and Tuesday 9.40am to 12.40pm and 2.30pm to 6.20pm.

Wednesday 9.40am to 1.00pm and 2.30pm to 6.20pm.

Thursday 9.30am to 12.40pm.

Friday 9.00am to 12.40pm and 2.30pm to 6.20pm.

Nurse Appointments were available:

Monday 10.00am to 1.00pm and 2.30pm to 6.20pm.

Tuesday 9.30am to 2.00pm and 2.30pm to 6.20pm.

Wednesday 10.00am to 12.50pm and 2.30pm to 5.00pm.

Extended surgery hours were available:

Monday and Wednesday 6.30pm to 7.30pm.

The practice did not open on a weekend. 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.

Urgent appointments were available for people that needed them, but pre-bookable appointments could only be booked up to one week in advance. The practice told us that if patients needed to book advance appointments they were given forms to remind them, for instance, that they needed blood tests, and to contact the practice nearer to the date to arrange the appointment.

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

- 68% of patients were satisfied with the practice's opening hours compared to the national average of 80%. The practice told us that it offered extended hours opening until 7.30 on two evenings a week. It was also part of a local GP hub which offered evening appointments until 10.00pm on week nights with weekend appointments also available.
- 80% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

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 this included a leaflet available in the reception area.

We looked at three complaints received in the last 12 months and found that these were, dealt with in a timely way, with openness and transparency in dealing with the complaint. However, the practice had not written up minutes of meetings where complaints were discussed so we were unable to confirm that it had learnt from these and made changes to its systems as a result. For example, a patient complained that a referral letter had not been sent, the practice wrote to the patient and apologised for the problem. We were told that this had then been discussed in a meeting to establish what had happened and how systems could be introduced or changed to prevent a recurrence, but there were no notes to confirm this. We were, however, able to review the correspondence with the patient which demonstrated that a robust review had taken place and that the practice had provided an apology.

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 high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood 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 continuous 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. Though, there was a lack of written minutes of some meetings.

Leadership and culture

On the day of inspection the partners 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 partners 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 partners 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. For example, the PPG had asked for changes in the waiting room including notice boards to display information for patients benefit. The practice had agreed and installed noticeboards.
- 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. For example, staff found the old phone

Are services well-led?

Good 

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

system inefficient; accordingly the practice purchased a new system to improve patient telephone access. Staff told us they felt involved and engaged to improve how the practice was run.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider had not undertaken annual infection prevention and control audits or legionella risk assessments in line with national guidance. Nor had it acted on all of the findings of previous infection prevention and control audits or legionella risk assessment undertaken in 2013.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>The provider had not carried out all recruitment checks for one member of clinical staff employed at the practice, as specified in Schedule 3 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>This was in breach of regulation 19 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>