

Ilford Lane Surgery

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



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 Ilford Lane Surgery on 21 December 2016. Overall the practice is rated as good.

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

- The national GP patient survey found that patient satisfaction was below the local and national averages in several areas. The practice was aware of this and had taken action both before and shortly after our inspection.
- Not all patients who would benefit from a care plan had one recorded in their records, and where patients had care plans some of these had not been kept up to date.
- Not all patients with learning difficulties had received a formal annual review. Following our inspection the practice undertook annual reviews for this patient group.
 - Clinical audits demonstrated quality improvement.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were assessed and managed, but there was an inconsistent approach to acting on medical updates and alerts. Following our inspection the practice introduced a robust system to ensure that all updates and alerts were acted upon.
- 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.

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 improvements are:

- Ensure that it continues to monitor and address the need to employ sufficient numbers of suitably qualified, competent, skilled and experienced persons to meet patient demand as evidenced by the low patient satisfaction scores in the national GP patient survey.

In addition it should:

- Continue to ensure that patients with learning difficulties receive a formal annual review.
- Consider preparing and displaying a mission statement so that staff and patients are aware of the practice' overarching purpose.
- Ensure that all patients who would benefit from one have a care plan and that care plans are kept up to date.
- Continue to ensure that all significant events are fully recorded.
- Continue to ensure that safety alerts (such as medicines and medical device alerts) are dealt with in line with the practice protocol.

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.

Good



- There was a system in place for reporting and recording significant events, but whilst there was evidence of investigation, not all significant events were being recorded. Following our inspection the practice introduced a system to ensure that it recorded all 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 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.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Not all patients who would benefit from one had care plans, and where patients had care plans not all had been kept up to date to reflect changes in patients needs.
- There were no formal annual reviews for patients with learning difficulties, but following our inspection the practice undertook annual reviews for these patients.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- 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.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care. For example:

Summary of findings

- 74% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 58% of patients said they found the receptionists at the practice helpful compared to the CCG average of 78% and the national average of 87%.
- 74% 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%.
- 76% 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%.

The practice was aware of this, and had taken action with a view to improving patient satisfaction, it took further action following our inspection.

- 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 requires improvement for providing responsive services.

- The results of the national GP patient survey showed that the practice was performing below local and national averages for patient satisfaction with its opening hours and phone access:
 - 60% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and the national average of 78%.
 - 32% 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%.

The practice was aware of this and had taken action to improve patient satisfaction.

- 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 took part in local medicines audits with the CCG pharmacy team.

Requires improvement



Summary of findings

- The practice had good facilities and was well equipped to treat patients.
- 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.

Are services well-led?

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

- The practice did not have a mission statement.
- 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.
- 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.
- 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.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

- 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.
- The practice opportunistically carried out memory assessments, where a potential issue was found, the practice offered further screening and referral to local memory services.

Good



People with long term conditions

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

- All these patients had a named GP. 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.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 74% of patients with diabetes, had measured blood sugar levels within the acceptable range in the preceding 12 months, which was comparable to the local and national averages.
- Longer appointments and home visits were available when needed.

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.
- 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.

Good



Summary of findings

- 81% of women aged 25-64 had had a cervical screening test in the preceding 5 years, which was comparable to the national average of 82%.
- 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, and health visitors.

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 reflects the needs for this age group.
- The practice offered extended hours clinics on Monday and Wednesday evenings for 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.

- There were no formal annual reviews for patients with learning disability, but following our inspection the practice carried out annual reviews.
- 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)

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

- Performance for care of patients with mental health issues was similar to local and national averages. For example, 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had had their alcohol consumption recorded in the preceding 12 months compared to the 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing below local and national averages. Three hundred and fifty-six survey forms were distributed and 113 were returned. This represented 2% of the practice's patient list.

- 32% of patients found it easy to get through to this practice by phone compared to the CCG average of 53% and the national average of 73%.
- 42% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 64% and the national average of 76%.
- 58% of patients described the overall experience of this GP practice as good compared to the CCG average of 73% and the national average of 85%.
- 51% of patients said they would recommend this GP practice to someone who has just moved to the local area compared the CCG average of 67% and to the national average of 79%.

The practice was aware of the issues highlighted by the national GP patient survey; it had taken some action prior to our inspection, and took further action following our inspection.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 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.

We spoke with two patients during the inspection. Both 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). Seventy-six percent of 103 patients responding to the FFT said they would recommend the practice.

Areas for improvement

Action the service **MUST** take to improve

Ensure that it continues to monitor and address the need to employ sufficient numbers of suitably qualified, competent, skilled and experienced persons to meet patient demand as evidenced by the low patient satisfaction scores in the national GP patient survey.

Action the service **SHOULD** take to improve

- Continue to ensure that patients with learning difficulties receive a formal annual review.

- Consider preparing and displaying a mission statement so that staff and patients are aware of the practice' overarching purpose.
- Ensure that all patients who would benefit from one have a care plan and that care plans are kept up to date.
- Continue to ensure that all significant events are fully recorded.
- Continue to ensure that safety alerts (such as medicines and medical device alerts) are dealt with in line with the practice protocol.

Ilford Lane Surgery

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 and a practice nurse specialist adviser.

Background to Ilford Lane Surgery

Ilford Lane Surgery provides primary medical services in Ilford to approximately 5900 patients and is a member of NHS Redbridge Clinical Commissioning Group (CCG).

The practice population is in the third most deprived decile in England. Twenty-eight percent of children live in income deprived households compared to a local average of 19% and a national average of 20%. The practice had surveyed the ethnicity of the practice population and had determined that 6% of patients described themselves as white, 74% Asian, 9% black and 11% as having mixed or other ethnicity.

The practice operates from a purpose built property with most patient facilities on the first floor, which is wheelchair accessible. There are offices for administrative and management staff on the first floor. All floors are accessed via a lift or 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: meningitis immunisation; alcohol brief intervention; childhood

vaccination and immunisation scheme; extended hours access; facilitating timely diagnosis and support for people with dementia; influenza and pneumococcal immunisations; rotavirus and shingles immunisation; and unplanned admissions.

The practice team at the surgery is made up one of part-time male principal GP along with two part-time salaried GPs, one male and one female. The doctors provide a total of 17 clinical sessions per week. The nursing team consists of a part-time locum female senior nurse practitioner, one part-time locum female practice nurse, and two part-time female health care assistants. There are seven administrative, reception and clerical staff including a part-time practice manager.

The practice is open between:

Monday to Wednesday and Friday 8.00am to 6.30pm.

Thursday 8.00am to 1.00pm

GP Appointments are available:

Monday and Tuesday 8.30am to 1.00pm and 4.00pm to 6.00pm.

Wednesday 9.00am to 1.00pm and 4.00pm to 6.00pm.

Thursday 9.00am to 1.00pm.

Friday 9.00am to 1.30pm and 4.00pm to 6.00pm.

Extended surgery hours are offered:

Monday and Wednesday from 6.30pm until 7.30pm.

Following our inspection the practice introduced additional clinics, for specific patient groups:

- Nurse run cervical smear clinic Thursday and Friday afternoons.
- Nurse run childhood immunisations Thursday afternoon and Saturday morning.

Detailed findings

- HCA clinic including NHS health and new patient checks, wound dressing and smoking cessation Thursday morning and Friday afternoon.
- GP run chronic disease management Thursday afternoon and Saturday morning.
- Pharmacist clinic including minor ailments and checks for patients with diabetes, asthma and mental health issues Thursday afternoon.

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.

Ilford Lane Surgery is registered as a sole practitioner with the Care Quality Commission to provide the regulated activities of: maternity and midwifery services; family planning; diagnostic and screening procedures; and treatment of disease, disorder or injury.

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 21 December 2016. During our visit we:

- Spoke with a range of staff (GPs, practice manager, nurse, HCA, 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 analysis of the significant events. Whilst there was evidence that all significant events had been discussed in meetings and were recorded, some had been informally recorded. Following our inspection the practice revised its significant events monitoring form and policy to ensure that all significant events would in future be formally recorded.

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 referral was not promptly actioned as it had been left in the clinician's room overnight and not collected by administrative staff. The practice discussed the issue in a meeting and clinicians were instructed not to leave paperwork in their rooms but to pass to the administration team.

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, HCAs and the clinical pharmacist to level 2 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. However, chaperones were standing outside of the curtain so did not observe clinical examinations. Following our inspection the practice updated chaperone training to ensure that all chaperones were fully aware of the correct procedure.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. 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

Are services safe?

prescription forms and pads were securely stored and there were systems in place to monitor their use. 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.

- We reviewed three 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, but there was a lack of consistent evidence that the practice was acting on this information to deliver care and treatment that met patients' needs. Following our inspection the practice updated its safety alerts policy to ensure that all alerts were drawn to the attention of all relevant staff and that any necessary searches of its files were made and acted upon. It provided us with a copy of the updated policy.

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. The overall clinical exception rate was 8%, which was comparable to the 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.

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 similar to the local and national averages. For example:
 - 74% of patients with diabetes had a blood sugar reading in the acceptable range in the preceding 12 months compared to a CCG average of 70% and a national average of 77%.

- 82% of patients with diabetes had a last blood pressure reading (measured in the preceding 12 months) within the acceptable range, compared to the CCG average of 78% and the national average of 78%.
- 81% of patients with diabetes had a measured cholesterol in the acceptable range in the preceding 12 months compared to the CCG average of 74% and a national average of 81%.
- Performance for mental health related indicators was mostly comparable to the local and national averages. For example:
 - 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had had their alcohol consumption recorded in the preceding 12 months compared to the CCG average of 91% and a national average of 90%.
 - 78% of patients with schizophrenia, bipolar affective disorder and other psychoses had 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%. Figures for 2015-16 showed that performance had improved, for example:
 - 97% of patients with schizophrenia, bipolar affective disorder and other psychoses had 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 89%.

There was some evidence of quality improvement including clinical audit.

- There had been two clinical audits undertaken in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.
- The practice participated in local audits.

Information about patients' outcomes was used to make improvements. For instance, an audit of emergency medicines, in November 2015, had found that some emergency medicines were out of date and some were missing. Additionally, only 50% of staff knew where emergency medicines were stored. The practice reviewed

Are services effective?

(for example, treatment is effective)

the findings in a meeting, ordered replacement medicines and updated all staff on their location. The audit was repeated in November 2016 and found that all emergency medicines were present and in date, and 90% of staff knew where they were located. As a result of the findings new staff were advised where the emergency medicines were stored.

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, except staff who had worked at the practice for less than a year.
- 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, medical records and investigation and test results. However, not all patients had up to date care plans.
- There were no formal annual reviews for patients with learning difficulties. Following our inspection the practice updated its procedure and carried out annual reviews for this patient group.
- 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.

Are services effective?

(for example, treatment is effective)

- Smoking cessation advice was available on the premises and a dietician was available from a local support group.

The practice's uptake for the cervical screening programme was 81%, 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. 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

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 91% to 92%, national average 73% to 93%) and five year olds from 78% to 94% (CCG average 69% 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 28 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 two 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 results ranged from below average to comparable to the national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% 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%.
- 74% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 92% 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%.

- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and 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%.
- 58% 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 salaried GP had left the practice which meant there had been more reliance on locum GPs and patients had been unsettled by the changes. The practice had given reception staff customer care training. When patients were unhappy with a receptionist the practice manager or reception manager spoke to them to resolve any issues. The practice had reorganised staff work patterns so that more reception staff were available at busy times to deal with patients coming into the practice and to answer the phones.

Care planning and involvement in decisions about care and treatment

Patient 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 national averages. For example:

- 74% 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%.
- 76% 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%.

Are services caring?

- 81% 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 after a salaried GP had left the practice it had been reliant on using locum GPs and patients were less happy because of the changes. Also the lead GP was previously working fewer clinical sessions at the practice due to other commitments. He had since relinquished that and was now offering more sessions, which had increased patient satisfaction.

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.

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 67 patients as carers (1% of the practice list). Carers were offered flu vaccination. 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 or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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 clinics on a Monday and Wednesday evenings until 7.30pm for patients who could not attend during normal opening hours.
- 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 were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice arranged for patients in need of exercise to attend exercise classes on Saturday mornings.
- The local Citizens Advice Bureau used a room at the practice to provide regular fortnightly advice sessions, this enabled patients, and local residents, to obtain a range of advice.
- For patients in urgent need of care the practice had developed a flowchart for reception staff to use in assessing the urgency of need.
- The practice was a member of a local GP hub which offered appointments up to 10.00pm on weekday evenings and from 9.00am to 6.00pm on Saturday and Sunday.

Access to the service

The practice was open between

Monday to Wednesday and Friday 8.00am to 6.30pm.

Thursday 8.00am to 1.00pm.

GP Appointments were available:

Monday and Tuesday 8.30am to 1.00pm and 4.00pm to 6.00pm.

Wednesday 9.00am to 1.00pm and 4.00pm to 6.00pm.

Thursday 9.00am to 1.00pm.

Friday 9.00am to 1.30pm and 4.00pm to 6.00pm.

Extended surgery hours were offered:

Monday and Wednesday from 6.30pm until 7.30pm.

The practice did not open at weekends. It had opted out of providing out of hours (OOH) services to their own patients and directed patients to the OOH provider for NHS Redbridge CCG when it was closed.

Following our inspection the practice introduced additional clinics, for specific patient groups:

- Nurse run cervical smear tests Thursday and Friday afternoons.
- Nurse run childhood immunisations Thursday afternoon and Saturday morning.
- HCA clinic Thursday morning and Friday afternoon.
- GP run chronic disease management Thursday afternoon and Saturday morning.
- Pharmacist run clinic Thursday afternoon.

In addition to pre-bookable appointments that could be booked up to four 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 in some cases significantly below the local and national averages.

- 60% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and the national average of 78%.
- 32% 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%.
- 58% of patients described the overall experience of this GP practice as good compared to the CCG average of 73% and the national average of 85%.
- 51% of patients said they would recommend this GP practice to someone who has just moved to the CCG average of 67% and the local area compared to the national average of 79%.

Are services responsive to people's needs?

(for example, to feedback?)

At the time of our inspection the practice was only offering 17 GP clinical sessions per week for a list size of approximately 5900 patients. The practice told us it was aware of the issues regarding access and had been in negotiation with its landlord for use of an additional clinical room, since it re-located to its current premises in 2013, so that additional clinics could be offered. The practice had recently been offered an office that would need to be re-fitted for use as a clinical room, accordingly it was negotiating to exchange the room with another service whose office staff were housed in a clinical room. If this did not prove possible the practice intended to arrange for the office to be re-fitted for clinical work. It was proactive in offering online services to patients, including: appointment booking; requesting repeat prescriptions; and recording of a change of address. Staff rotas had been changed to increase the number of staff at busy times to answer the phones and to deal with patients coming into the practice. The practice also referred patients to a local GP hub for evening and weekend appointments, or a local walk-in centre or to local pharmacies for minor ailments.

Following our inspection the practice provided us with a revised schedule of clinical appointments that it had implemented to increase the number of appointments available to patients. These changes will be reviewed at our next inspection.

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 speaking to 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 leaflet available in reception.

We looked at ten complaints received in the last 12 months and found 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, complaints and analysis of trends and action was taken to as a result to improve the quality of care. For example, a patient complained that a GP had refused to prescribe medicine. The practice investigated the complaint and found that there had been a delay in receiving information from secondary care. It apologised to the patient and provided them with a prescription. The practice developed a standard form of letter to send to patients when it declined to prescribe medicines, and updated reception staff on the need to keep patients updated in such circumstances.

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 did not have a mission statement, but staff we spoke to were aware of the plans for the future of the practice.
- 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.
- An understanding of the performance of the practice was maintained.
- 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.

Leadership and culture

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 worked closely with the practice to improve phone access.
- 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, to reduce the number of non-attendances, staff had suggested that the practice send text messages, or phone patients to remind them

Are services well-led?

Good 

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

about their appointments. The practice agreed and introduced text and phone reminders for appointments. Staff told us they felt involved and engaged to improve how the practice was run.

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. A receptionist had enrolled in a course to train as a healthcare assistant.

This section is primarily information for the provider

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 Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>The registered provider had failed to ensure that it employed sufficient numbers of suitably qualified, competent, skilled and experienced persons to meet patient demand as evidenced by the low patient satisfaction scores in the national GP patient survey.</p> <p>This was in breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>