

Cecil Avenue Surgery

Quality Report

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Date of inspection visit: 22 September 2016
Date of publication: 18/01/2017

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?

Requires improvement



Are services caring?

Good



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 Cecil Avenue Surgery on 22 September 2016. Overall the practice is rated as requires improvement.

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

- Not all pre-employment checks had been completed for all staff.
- The practice was not undertaking regular infection prevention and control audits for the benefit of staff and patients.
- There was no defibrillator on the premises in case of the need for one during a medical emergency, nor was there a suitable risk assessment of the need for one.
- One of the consultation rooms did not have curtains for the benefit of patients' privacy and dignity when being treated or examined.
- Electrical appliances were not being annually tested (PAT testing) to ensure that they remained free of electrical faults and safe to use.

- Quality and outcomes framework (QOF), a measure of clinical performance, showed that performance for the care of some patient groups was below local and national averages.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- 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.
- Improvements were made to the quality of care as a result of complaints and concerns.
- 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 recruitment arrangements include all necessary pre-employment checks for all staff.
- Ensure that regular comprehensive infection prevention and control audits are undertaken.
- Ensure that there is a defibrillator available on the premises for use in the event of a medical emergency, or carry out a suitable risk assessment.
- Ensure that all electrical equipment is regularly PAT tested to ensure the equipment is free from electrical faults and safe to use.

In addition the provider should:

- Keep a written record of meetings and distribute to staff so that all are aware of decisions reached.
- Establish access to translation services for the benefit of patients who experience difficulty in speaking and understanding English.
- Review how carers are identified and recorded on the patient record system to ensure information, advice and support is made available to all.
- Develop a business plan to record the goals for the development of the practice.
- Explore how to improve childhood immunisation rates.
- Fit curtains in both consultation rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Monitor and work to improve patient outcomes in QOF. For example, in relation to patients with some long term conditions and for cervical screening.

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 infection prevention and control audits.
- Staff personnel files did not contain evidence that complete and appropriate recruitment checks had been undertaken prior to employment for all staff.
- The practice did not have a defibrillator nor had it risk assessed the need for one.
- Electrical equipment was not being regularly PAT tested to ensure that it was safe to use.
- There was no system for regularly checking and updating the contents of the emergency medicines supply. The practice took immediate action to introduce a system to regularly monitor and update the emergency medicines.
- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were below CCG and national averages for some patient groups including patients with diabetes and for cervical screening. Overall clinical exception reporting was 3%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.
- There was evidence of appraisals and personal development plans for all staff.

Requires improvement



Summary of findings

- The practice was holding practice meetings but was not keeping minutes so that all staff could be updated with decisions made.
- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, fire safety, health and safety and confidentiality, but did not cover infection prevention and control or information governance. Following our inspection the practice arranged for these areas of training to be added to its induction programme.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good



The practice is rated as good for providing caring services.

- One of the clinical rooms did not have curtains to maintain patients' privacy and dignity during examinations, investigations and treatments.
- The practice had not established an active link to a translation service for the benefit of patients who experience difficulty in speaking and understanding English.
- Only three patients had been identified as carers.
- Data from the national GP patient survey showed patients rated the practice higher than others for several 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?

Good



The practice is rated as good for providing responsive services.

- 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. For example, the practice undertook NHS health checks for patients aged 40–74.

Summary of findings

- 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.
- 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 had a clear 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. However, it did not have a business plan to record its goals for the development of the practice.
- 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. Not all staff had received information governance training, but were able to explain their roles and responsibilities in that regard.
- 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 provider was rated as requires improvement for safety and for effective. 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.
- Staff told us that if families had suffered bereavement, their usual GP telephoned them to offer their condolences and to offer advice on how to find a support service.
- Home visits were available for patients who could not attend the practice.

Requires improvement



People with long term conditions

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were below CCG and national averages for some patients suffering from long-term conditions.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for care of diabetic patients was below the CCG and national averages. The practice provided us with evidence that it had attempted to engage with this group of patients, but some were being cared for in secondary care, and others had declined all invitations.
- 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



Summary of findings

Families, children and young people

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

- The practice's uptake for the cervical screening programme was 72%, which was below the CCG average of 82% and the national average of 82%. The practice told us that some patients opted to make use of private treatment.
- 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 varied from below average to comparable to CCG and national averages.
- 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.
- 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.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as requires improvement for safety and effective. 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 a range of health promotion and screening that reflected the needs of this age group.
- Health promotion and screening reflected the needs of this age group. For example, the practice undertook NHS health checks for patients aged 40–74.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safety and effective. 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

- The practice held a register of patients living in vulnerable circumstances including homeless people 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.

People experiencing poor mental health (including people with dementia)

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

- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record, compared to a CCG average of 92% and a national average of 88%.
- 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 that the practice was performing in line with local and national averages. Three hundred and three survey forms were distributed and 108 were returned. This represented 4% of the practice's patient list.

- 86% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 80% 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%.
- 71% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 53% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards which were all positive about the standard of care received. Patients praised the service from doctors and staff saying that were happy with the service they received.

We spoke with 11 patients during the inspection. All 11 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- Ensure recruitment arrangements include all necessary pre-employment checks for all staff.
- Ensure that regular comprehensive infection prevention and control audits are undertaken.
- Ensure that there is a defibrillator available on the premises for use in the event of a medical emergency, or carry out a suitable risk assessment.
- Ensure that all electrical equipment is regularly PAT tested to ensure the equipment is free from electrical faults and safe to use.

Action the service **SHOULD** take to improve

- Keep a written record of meetings and distribute to staff so that all are aware of decisions reached.

- Establish access to translation services for the benefit of patients who experience difficulty in speaking and understanding English.
- Review how carers are identified and recorded on the patient record system to ensure information, advice and support is made available to all.
- Develop a business plan to record the goals for the development of the practice.
- Explore how to improve childhood immunisation rates.
- Fit curtains in both consultation rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Monitor and work to improve patient outcomes in QOF. For example, in relation to patients with some long term conditions and for cervical screening.

Cecil Avenue 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 an Expert by Experience.

Background to Cecil Avenue Surgery

Cecil Avenue Surgery provides primary medical services in Havering to approximately 2580 patients and is a member practice in the NHS Havering Clinical Commissioning Group (CCG).

The practice population is in the second least deprived decile in England. It has less than CCG and national average representation of income deprived children (12% of children live in income deprived circumstances compared to a CCG average of 20%, and a national average of 20%) and older people children (12% of older adults live in income deprived circumstances compared to a CCG average of 14%, and a national average of 16%). The practice had surveyed the ethnicity of the practice population and had determined that 82% of patients described themselves as white, 9% Asian, 8% black and 1% as having mixed or other ethnicity.

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

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;; rotavirus and shingles immunisation; and unplanned admissions.

The practice team at the surgery is made up of one full-time male GP partner, who is also the practice manager. The second partner provides no clinical input. In addition, there are two part-time locum GPs one female and one male. The doctors provide, between them, 10 clinical sessions per week. There is one part-time female practice nurse.

There are four administrative, reception and clerical staff

The practice is open between 8.30am and 12.30pm Monday to Friday, and 2.30pm to 6.30pm on Monday to Wednesday and Friday. On Thursday the practice is open from 8.30am to 12.30pm.

Appointments are available:

Morning appointments:

- Monday to Friday: 9.00am to 10.40am, plus urgent and walk-in appointments, and telephone appointments.

Afternoon appointments:

- Monday, Tuesday, Wednesday and Friday: 4.30pm to 5.20pm, plus urgent and walk-in appointments, and telephone appointments.
- Wednesday evening from 6.00pm two additional appointments are offered for patients who cannot attend during normal surgery hours
- Tuesday of Friday 12.00pm post-natal and 6-8 week baby checks, as needed.

Nurse appointments are available:

- Tuesday from 9.30am to 12.00pm.

Detailed findings

- Last Tuesday of the month 4.30pm to 6.30pm.

The practice is also a member of Havering Health which provides appointments at two locations (one in Hornchurch and one in Romford), on:

- Monday to Friday from 6.30pm to 10.00pm
- Saturday from 12.00pm to 5.00pm
- Sunday from 12.00pm to 4.00pm

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 closed and directs patients to the OOH provider for NHS Havering CCG.

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

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 22 September 2016. During our visit we:

- Spoke with a range of staff (GP, nurse, practice manager, and reception and administrative 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 letter from a local hospital was scanned onto a patient's record without first being reviewed by a GP. This came to light when the patient asked whether it had been actioned. The GP immediately actioned the request in the latter and the practice reviewed the incident. The practice procedure for receipt and review of correspondence was made clear to all staff.

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 were trained to child protection or child safeguarding level 3, and the nurse was trained to level 2, and non-clinical staff are trained to level 1.

- A notice in the waiting room advised patients that chaperones were available if required. One of the members of staff who acted as a chaperone was trained for the role but had not 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 immediately confirmed that that member of staff would no longer act as a chaperone until they had received an appropriate DBS check.
- We observed the premises to be clean and tidy. One of the partners in the practice 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 prevention and control protocol in place and staff had received up to date training. However, infection prevention and control audits were not being regularly undertaken, nor was there evidence that action was taken to address any improvements needed.
- There were arrangements for managing vaccines. However, there was no system for regularly checking and updating the contents of the emergency medicines supply. The practice took immediate action to introduce a system to regularly monitor and update the emergency medicines.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Blank prescription forms and pads were securely stored, but there were no systems in place to monitor their use. Following our visit the practice 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. However, one of the PGDs had not been signed by the practice nurse. The practice ensured that the PGD was signed following our

Are services safe?

inspection. 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.

- We reviewed two personnel files but found that not all appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification and registration with the appropriate professional body.

Monitoring risks to patients

Risks to patients were assessed.

- 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. The practice had up to date fire risk assessments and carried out fire drills. Clinical equipment was checked to ensure it was working properly, however electrical equipment was not regularly checked to ensure the equipment was safe to use. 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 legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). But the practice was not undertaking regular infection prevention and control audits.
- 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 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 oxygen with adult and children's masks available on the premises but it did not have a defibrillator or suitable risk assessment of the need for one. 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. The medicines we checked were in date and stored securely.

The practice had a business continuity plan in place for major incidents such as power failure or building damage, but it did not include emergency contact numbers for staff to use in the event of an emergency. Following our visit the practice added emergency contact details to the back of the business continuity plan.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

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 83% of the total number of points available. The overall clinical exception rate was 3%. 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.

The practice had higher than average exception reporting in the following clinical domain during the 2014-15 QOF year:

18% of patients with heart failure had been excepted compared to a local average of 8% and a national average of 9%. The practice told us that it had a small register of patients with heart failure (ten patients).

Data from 2014-15 showed:

- Performance for diabetes related indicators was below the national average. For example:
 - 54% of patients with diabetes, on the register, had a last blood sugar reading of 64 mmol/mol or less in the preceding 12 months compared to a CCG average of 74% and a national average of 78%.
 - 75% of patients with diabetes, on the register, had a last blood pressure reading (measured in the preceding 12 months) of 140/80 mmHg or less (CCG average 80% national average 78%).

The practice provided us with evidence that it had made multiple attempts to engage patients but many had declined invitations, and that others were being cared for within secondary care or the private medical sector. Performance for 2015-16 showed that performance had declined in comparison to CCG and national averages:

- 45% of patients with diabetes, on the register, had a last blood sugar reading of 64 mmol/mol or less in the preceding 12 months compared to a CCG average of 70% and a national average of 78%.
- 62% of patients with diabetes, on the register, had a last blood pressure reading (measured in the preceding 12 months) of 140/80 mmHg or less (CCG average 78% national average 78%).

Performance for mental health related indicators was above the national average for example:

- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (CCG average 92% national average 88%).
- 100% of patients diagnosed with dementia had had their care reviewed in a face-to-face review in the preceding 12 months (CCG average 86% national average 84%).

The practice provided us with evidence of its attempts to engage with its diabetic patients. This included discussion during consultations, some patients had refused medicines including medicines for high cholesterol or were under the care of hospital services. In addition, we were told that some of the patients had opted to seek treatment via private medical services.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years, both of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits.
- Findings were used by the practice to improve services. For example, recent action taken as a result included an audit of non-steroidal anti-inflammatory drugs (NSAIDs) as there had been recent guidance that certain

Are services effective?

(for example, treatment is effective)

medicines should not be prescribed for patients with particular risk factors. The practice set itself the target that 75% of this prescribing should meet the guidance. During the first cycle the practice found that only 25% of prescribing met the target. The practice discussed the medicine choices with the patients and nine were successfully switched. During the second cycle of the audit the practice found that 98% of prescribing was in line with guidance. In a further review it found that its locum pack did not contain this guidance so incorporated information to ensure that locums would be aware of the need to avoid certain medicines when prescribing NSAIDs.

Information about patients' outcomes was used to make improvements.

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, fire safety, health and safety and confidentiality, but did not cover infection prevention and control or information governance. Following our inspection the practice arranged for these areas of training to be added to its induction programme.
- 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, and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support but not in information governance, the practice added this to the induction training schedule for new staff. Staff had access to e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. However, there were no minutes of meetings available to confirm the agreed actions.

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

Are services effective?

(for example, treatment is effective)

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 72%, which was below the CCG average of 82% and the national average of 82%. There was a policy to send letter reminders to patients who did not attend for their cervical screening test. The practice told us that some female patients made use of private medical treatment so did not attend for cervical screening. The practice demonstrated how they encouraged uptake of the screening programme by ensuring that 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 below CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 82% to 82% (CCG average 85% to 89%, national average 73% to 93%) and five year olds from 56% to 78% (CCG average 73% to 86%, 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.

- There were no curtains in one of the two clinical 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 26 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 one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 81% 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%.

- 75% 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%.
- 83% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

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 patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 83% 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%.
- 74% 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 provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who experienced difficulty in speaking and understanding English. However, the practice had not established an active link to these services. It told us that it had very few patients who had difficulty with speaking and understanding English, and that those patients tended to bring a relative or friend with them for support.

Are services caring?

- Information leaflets were available in easy read format.
- There were leaflets available in the reception area advising patients about talking therapies that were available to discuss any worries or concerns they had.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had only identified three patients as carers (less than 1% of the practice list).

Staff told us that if families had suffered bereavement, their usual GP telephoned them to offer their condolences and to offer 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 late appointments on Wednesday evening from 6.00pm for working patients who could not attend during normal opening hours. I was also flexible in that it would wait for patients who were running late for these appointments.
- 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 required a same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- When patient fail to attend for appointments the practice takes account of their circumstances, such as elderly or vulnerable patients before taking any action that might result in their being removed from the practice list.
- The practice was part of Havering Health which provided patients with appointments on Friday evenings until 10.00pm, and on Saturday and Sunday afternoons.

Access to the service

Appointments were available:

Morning appointments:

- Monday to Friday: 9.00am to 10.40am, plus urgent and walk-in appointments, and telephone appointments.

Afternoon appointments:

- Monday, Tuesday, Wednesday and Friday: 4.30pm to 5.20pm, plus urgent and walk-in appointments, and telephone appointments.

- Wednesday evening from 6.00pm two additional appointments are offered for patients who cannot attend during normal surgery hours
- Tuesday or Friday 12.00pm post-natal and 6-8 week baby checks, as needed.

Nurse appointments were available:

- Tuesday from 9.30am to 12.00pm.
- Last Tuesday of the month 4.30pm to 6.30pm.

The practice was a member of Havering Health which provided appointments at two locations (one in Hornchurch and one in Romford), on:

- Monday to Friday from 6.30pm to 10.00pm
- Saturday from 12.00pm to 5.00pm
- Sunday from 12.00pm to 4.00pm

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

Results from the national GP patient survey showed a mixed level of patient satisfaction with how they could access care and treatment was comparable to local and national averages.

- 86% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 50% of patients were satisfied with the practice's opening hours compared to the national average of 78%. The practice advised that it had permission from NHS England to be closed during core hours but that the partners would discuss this further. It also told us that that it would discuss this issue at a practice meeting to consider what it could do to improve access.

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 is achieved by taking details from the patient or carer in advance 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

Are services responsive to people's needs?

(for example, to feedback?)

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 did not see any information available to help patients understand the complaints system. Though the practice did have both a comments and suggestion box.

We looked at one complaint received in the last 12 months and found that this was satisfactorily handled, dealt with in a timely way, with openness and transparency in dealing with the complaint. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. A patient's relative complained about the level of care a patient had received. The practice clarified confidentiality issues before dealing with the complaint. It reviewed the complaint, the patients' notes and its practice procedures. The practice did not agree with the complaint and was able to show that it had fully documented all of the care given to the patient over the course of their illness. It responded to the complaint explaining the actions that had been taken in giving care to the patient. The practice reflected on the complaint and reviewed its complaints procedures.

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, but there were areas for improvement:

- The practice did not have a mission statement. Immediately after our visit the practice created a mission statement that it displayed in the waiting area.
- The practice did not have a supporting business plan to reflect its vision and values.

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.
- Clinical 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

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, though there was a lack of evidence in the form of minutes of 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 had recently been formed and had had a meeting, attended by one of the partners in the practice, it had submitted proposals for improvements to the practice management team. For example, the PPG had asked the practice to make appointments available for patients who could not attend during working hours. The practice had agreed to this and was offering two appointments after 6.00pm on Wednesday evenings.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>Incomplete recruitment checks had been completed for staff members employed at the practice.</p> <p>This was in breach of regulation 19 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services 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:</p> <ul style="list-style-type: none">• Completed regular infection prevention and control audits.• Risk assessed whether a defibrillator was required in the practice.• Undertaken regular PAT testing of electrical equipment to ensure that it was safe to use.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.