Drs. Zachariah, Lee, Acheson & Sinha

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	Requires improvement
Are services safe?	Requires improvement
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Drs. Zachariah, Lee, Acheson & Sinha on 11 November 2016. The practice was rated good for being effective and caring and requires improvement for being safe, responsive and well led. The overall rating for the practice was requires improvement. The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for Drs. Zachariah, Lee, Acheson & Sinha on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 21 August 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 11 November 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice remains rated requires improvement.

Our key findings were as follows:

- Whilst some improvement had been made we found a number of issues identified at the inspection of 11 November 2016 remained unaddressed at the inspection of 21 August 2017. Also, the provider had failed to submitted an action plan detailing what steps they would take to address the concerns identified during the inspection of 11 November 2016.
- Data showed patient outcomes in respect of mental health indicators and childhood immunisations remained below average.
- There was limited evidence of continuous clinical and internal audits used to monitor quality and to make improvements.
- Patients said they did not find it easy to make an appointment with a named GP. Urgent appointments were available the same day.
- Patients remained unsatisfied with the practice opening hours. Forty-five percent of respondents said they were satisfied with the practice's opening hours compared to the CCG average of 70% and the national average of 76%. The practice was reviewing options to try and improve this.
- Some issues identified during the most recent infection control audit had been addressed; however, those requiring refurbishment of the premises remained outstanding.

Summary of findings

- Some risks to patients were assessed and well managed. However, some issues which related to infection control remained unaddressed.
- The practice had a governance framework however this was not always put into practice to ensure the delivery of the strategy and good quality care was maintained.
- The practice aimed to deliver high quality care and promote good outcomes for patients, however this was not always achieved in practice.
- We saw evidence of the regular review of and the sharing of learning from complaints.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Lessons were learnt from individual concerns and complaints and also from analysis of trends.

At the previous inspection of 11 November 2016 we said the provider should:

- Take action to ensure patient outcomes were in line with national and local averages including people with mental health conditions and childhood immunisations.
- Review systems to identify carers in the practice to ensure they received appropriate care and support.

At this inspection we found:

- The practice's performance in relation to mental health remained below average for the period April 2015 to March 2016 (practice 59%, CCG 92%, national 93%). The provider reiterated that this had been due to the illness and then passing away of the partner who led on mental health. They told us they had already taken action to address performance in this area, including nominating a new lead GP for mental health. They expected improvement for the current year.
- Childhood immunisation rates for the vaccinations given had improved. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice achieved the target in four out of four areas.
- Processes to identify patients who were carers had not improved. They had identified 19 patients as carers, less than one per cent of the patient list. Carers were identified opportunistically. There was no process in place to support the identification of carers by the practice. During the inspection the new patient registration form was updated to include a question about caring responsibilities.

There remained areas of practice where the provider needed to make improvements.

Importantly, the provider must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. In particular, the provider must ensure staff receive necessary training in infection control and being fire wardens.
- Review processes and procedures to support a set programme of continuous clinical and internal audit.
- Improve systems or processes in order to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity. In particular, patients' views about how they could access care and treatment.

In addition the provider should:

- Continue to review and pursue options to ensure the outstanding actions identified during the infection control audit and fire risk assessment are addressed.
- Continue to review the practice's performance in relation to patients suffering poor mental health and take appropriate steps to address below average performance.
- Continue to review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to them.

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?

Requires improvement

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

- Some but not all staff had undergone infection control training.
- Not all actions identified by a recent fire risk assessment had been addressed.
- Infection control audits had been carried out; however, not all issues identified had been addressed.
- 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.
- Practice specific risk assessments were carried out which included control of substances hazardous to health (COSHH).
- Patient records were stored securely.

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement providing responsive services.

- Patients were not positive about their experience of accessing the service.
- Patients said they did not find it easy to make an appointment with a named GP.
- Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Inadequate

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

- The practice had a governance framework however this was not always put into practice to ensure the delivery of the strategy and good quality care was maintained. For example performance in relation to care of patients experiencing poor mental health remained below average.
- The practice did not proactively seek feedback from staff and patients. This had been identified as the previous inspection. Patient feedback in respect of access to services had not been effectively addressed. There was no patient participation group in operation. This had been identified at the previous inspection but had not been addressed.

Summary of findings

- The practice aimed to deliver high quality care and promote good outcomes for patients, however this was not always achieved in practice. For example, in relation to the care of patients experiencing poor mental health.
- The practice held regular governance meetings which included all staff.

Summary of findings

The six population groups and what we found

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

Older people
The provider had resolved some of the concerns for safety identified at our inspection on 11 November 2016; however some concerns relating to being safe, responsive and well-led remained unaddressed. These concerns applied to everyone using this practice, including this population group. Therefore the population group rating remains unchanged from the previous inspection.

Requires improvement

People with long term conditions
The provider had resolved some of the concerns for safety identified at our inspection on 11 November 2016; however some concerns relating to being safe, responsive and well-led remained unaddressed. These concerns applied to everyone using this practice, including this population group. Therefore the population group rating remains unchanged from the previous inspection.

Requires improvement

Families, children and young people
The provider had resolved some of the concerns for safety identified at our inspection on 11 November 2016; however some concerns relating to being safe, responsive and well-led remained unaddressed. These concerns applied to everyone using this practice, including this population group. Therefore the population group rating remains unchanged from the previous inspection.

Requires improvement

Working age people (including those recently retired and students)
The provider had resolved some of the concerns for safety identified at our inspection on 11 November 2016; however some concerns relating to being safe, responsive and well-led remained unaddressed. These concerns applied to everyone using this practice, including this population group. Therefore the population group rating remains unchanged from the previous inspection.

Requires improvement

People whose circumstances may make them vulnerable
The provider had resolved some of the concerns for safety identified at our inspection on 11 November 2016; however some concerns relating to being safe, responsive and well-led remained unaddressed. These concerns applied to everyone using this practice, including this population group. Therefore the population group rating remains unchanged from the previous inspection.

Requires improvement

Summary of findings

People experiencing poor mental health (including people with dementia)

The provider had resolved some of the concerns for safety identified at our inspection on 11 November 2016; however some concerns relating to being safe, responsive and well-led remained unaddressed. These concerns applied to everyone using this practice, including this population group. Therefore the population group rating remains unchanged from the previous inspection.

Requires improvement 

Drs. Zachariah, Lee, Acheson & Sinha

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC Lead Inspector and an expert by experience.

Background to Drs. Zachariah, Lee, Acheson & Sinha

Drs. Zachariah, Lee, Acheson & Sinha, also known as The Green Wood Practice, is located in Romford providing GP services to approximately 11400 patients. Services are provided under a General Medical Services (GMS) contract with NHSE London and the practice is part of the Havering Clinical Commissioning Group (CCG).

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of maternity and midwifery services, treatment of disease, disorder or injury, surgical procedures, diagnostic and screening procedures and family planning.

Drs. Zachariah, Lee, Acheson & Sinha also provide GP services from a branch location at the Ardleigh Green Surgery, 106 Ardleigh Green Rd, Hornchurch RM11 2LP. The practice has three GP partners and three salaried GPs. There are two male and four female GPs. The three partner GPs provide nine sessions each per week. The salaried GPs provide a total of 20 sessions per week. The practice employs one full time practice nurse.

There are seven reception staff, two administrative staff, one deputy practice manager and one practice manager. The practice is an approved teaching practice, supporting second year undergraduate medical students.

The practice telephone line is open between 9am to 1pm and 5pm [WS2]to 6.30pm Monday to Friday, with the exception of Thursdays, when the practice closes at 1pm. The practice doors are open from 9am to 11am and 5pm to 6.30pm. Appointments are from 9am to 11pm every morning and 5pm to 6.30pm on Mondays and Fridays and from 4pm to 5.30pm evenings on Tuesday and Wednesdays. Extended hours appointments are offered Monday and Fridays between 6.30pm and 7.30pm with the practice nurse. The practice is open on alternate Saturdays for booked appointments between 9am and 11.30am. Out of hours service are provided through the GP HUB between 6pm and 10pm on week days and 8am to 8pm on weekends. In addition to pre-bookable appointments that can be booked up to six weeks in advance, urgent same day appointments are also available for people that needed them.

The practice has a higher than national average population of people aged 65 to 84 years. Life expectancy for males is 80 years, which is higher than the CCG and national average of 79 years. The female life expectancy in the practice is 84 years, which is the same as the CCG average of 84 years and higher than the national average of 83 years.

Information published by Public Health England rates the level of deprivation within the practice population group as seven on a scale of one to 10. Level one represents the highest levels of deprivation and level 10.

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Drs. Zachariah, Lee, Acheson & Sinha on 11 November 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on November 2016 can be found by selecting the 'all reports' link for Drs. Zachariah, Lee, Acheson & Sinha on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Drs. Zachariah, Lee, Acheson & Sinha on 21 August 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

During our visit we:

- Spoke with a range of staff including clinical and non-clinical staff and spoke with patients who used the service.
- Visited all practice locations
- Looked at information the practice used to deliver care.

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.

Requires improvement

Are services safe?

Our findings

At our previous inspection on 11 November 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of reporting and recording significant events, storage of patient records, infection control and business continuity were not adequate.

Some of these arrangements had improved when we undertook a follow up inspection on 21 August 2017. However a number of issues remained unaddressed. The practice remains rated as requires improvement for providing safe services.

Safe track record and learning

At the previous inspection on 11 November 2016 we found not all staff knew how to access the practice's incident reporting form. At this inspection we found hard copies of the form were placed in a folder at reception at both sites and staff knew where this was located. Copies were also available on the practice's computer system.

At the previous inspection on 11 November 2016 we found incident reports and patient safety reports were not recorded in meeting minutes. We also found not all staff were invited to practice meetings and they were only attended by clinical staff. At this inspection we reviewed safety records, incident reports and patient safety alerts and found these were now discussed and recorded in the practice meeting minutes. We also saw that whole practice meetings had begun to take place and all staff were involved in discussions about safety.

Overview of safety systems and process

At the previous inspection on 11 November 2016 we found some patient records were stored in a spare room next to the GP consultation rooms. The area had no door and the cabinets being used for storage were not lockable. Some records were stored on top of the cabinets. These could be accessed by people who entered the practice. At this inspection we found all patient records were securely stored in lockable cabinets. The keys were removed from the cabinets every night when the practice closed.

At the previous inspection on 11 November 2016 we found carpet was used in both clinical and non-clinical rooms in the practice, which posed an infection control risk. Cleaning equipment was available but mop heads were not of a disposable type and colour codes were not used for cleaning equipment for the different areas of the practice. The practice had not carried out annual infection control audits. Staff had not received any infection control training. At this inspection we found an infection control audit had been carried out at the branch site by the local Clinical Commissioning Group (CCG) on 13 February 2017. Issues identified included staff had not completed infection control training, carpets and fabric covered chairs in clinical areas, sinks were inappropriate as they had overflows and did not have splash backs and taps were hand operated. In addition, the CCG infection control audit found domestic and clinical waste were mixed, boxes stored on the floor and general cleaning tasks required attention. Although the audit had only been carried out by the CCG at the branch site, the practice manager had carried out an audit using the same format for the main site. This confirmed the issues identified at the branch site were common to both sites.

At this inspection we found the three nurses had undergone infection control training in April 2017 as had two of the salaried GPs. Four other GPs and all of the non-clinical staff had not undergone infection control training. We were told these staff members were awaiting dates for infection control training provided by the CCG. We advised the provider it was their responsibility to ensure all staff received appropriate infection control training and to utilise other sources such as online courses if CCG training was not forthcoming. Domestic waste bins had been provided and boxes were being stored above floor level. The outstanding general cleaning tasks had been carried out however the issues relating to taps, sinks, flooring and chairs at both sites remained outstanding. We were told the practice would apply for an improvement grant from the CCG to carry out the necessary works.

Monitoring risks to patients

At the previous inspection we noted that the practice had an oxygen cylinder but no assessment had been carried out to ensure any associated risks had been mitigated. At this inspection we found a fire risk assessment had been carried out at the main site in June 2017 and was booked for the branch site for September 2017. Issues identified included the need for appropriate training for fire wardens. Fire extinguishers had been stored on appropriate stands and redundant call points had been covered so as not to

cause confusion in the event of a fire. A fire blanket was now in place however fire doors still required a mechanism to release the doors so they would close in the event of the fire alarm sounding.

At the previous inspection on 11 November 2016 we found a control of substances hazardous to health risk assessment (COSHH) had been carried out by the practice manager. However this did not identify the specific products being used, there were no data sheets for individual products and there was no detail of the risk posed by each product. We also found that an in house legionella risk assessment was carried out; however, it was unclear whether this had been carried out by a qualified individual. We also saw that an action for improvement had been identified however there were no records to show that the practice had implemented this. At this inspection we found a COSHH assessment had been carried out by a professional company at both sites in July 2017. No actions had been identified and the practice was provided with datasheets for each cleaning product used at the practice. Legionella risk assessments had been carried out by a professional company at both sites in April 2017 and November 2016 and no issues had been identified.

Arrangements to deal with emergencies and major incidents

At the last inspection on 11 November 2016 we found the practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. However, the plan did not include emergency contact numbers for staff. At this inspection we found all staff contact numbers were now included.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 11 November 2016, we rated the practice as requires improvement for providing responsive services as patient's view about accessing care and treatment needed improving. Patients said they found it difficult to make an appointment with a named GP and there was no evidence that learning from complaints had been shared with staff.

These arrangements showed some improvement when we undertook a follow up inspection on 21 August 2017; however, some issues required further attention. The practice remains rated requires improvement for providing responsive services.

Access to the service

At the inspection on 11 November 2016 we found results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was mixed compared to local and national averages. For example, 53% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and the national average of 76%. People on the day of that inspection told us that they found it difficult to make an appointment with a named GP and said waiting times could be up to three weeks.

At this inspection we found the position had deteriorated slightly and 45% of respondents said they were are satisfied with the practice's opening hours compared to the CCG average of 70% and the national average of 76%. We spoke with seventeen patients during the inspection. The patients we spoke with did not report problems with the practice's opening hours, however all but one of the patients reported long waits to get an appointment with the GP of their choice (about two to three weeks). A majority (eight out of 15) also reported appointments frequently running late, sometimes by as much as an hour. However, they also stated they were not rushed during their appointment and felt they were given sufficient time.

We raised these issues with the lead GP who told us many patients only wanted to be seen by them and a couple of other longstanding GPs. This meant the wait to see them was longer. For example the next pre-bookable appointment with the lead GP was in a month's time. Appointments to see one of the salaried GPs were available much sooner. It was explained to us that the partnership had undergone some recent changes due to the retirement of one and the passing away of another partner in quick succession which meant patients who had previously chosen to see one of those GPs now tended to choose to see one of the two remaining, original partners. This meant the wait for appointments with those GPs was even longer. The provider undertook to keep this under review and consider other options such as starting clinics earlier in the morning.

The practice had also reviewed it procedures for emergency, same day appointments. Since the last inspection the practice had stopped "sit and wait" appointments and instead, patients had to call the practice in the morning and were given an appointment time. These appointments were available with GPs and nurses. Same day appointments were available in the morning and in the afternoon. We were told patients preferred this system as they had more certainty about when they would be seen.

Listening and learning from concerns and complaints

At the inspection on 11 November 2016 we found limited evidence of learning from complaints. Annual reviews of the complaints were carried out but the practice could not demonstrate how this was used to improve the quality of care. At this inspection we found improvements had been made.

Lessons were learnt from individual concerns and complaints and also from the analysis of trends. Action was taken as a result to improve the quality of care. We saw from meeting minutes that complaints were discussed at partners meetings. This was to be extended to whole practice meetings which had now started taking place, following the previous inspection. Annual complaints reviews took place where complaints were analysed and any areas for improvement were identified and acted upon.

Are services well-led?

Inadequate

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

Our findings

At our previous inspection on 11 November 2016, we rated the practice as requires improvement for providing well-led services as the practice's vision and strategy were unclear. Arrangements in respect of governance and seeking and acting on feedback also required improvement. We issued a requirement notice in respect of these issues.

Whilst some improvement had been made we found a number of issues identified at the inspection of 11 November 2016 remained unaddressed at the inspection of 21 August 2017. Also, the provider had failed to submitted an action plan detailing what steps they would take to address the concerns identified during the inspection of 11 November 2016. The practice is now rated inadequate for being well-led.

Vision and strategy

The practice aimed to deliver high quality care and promote good outcomes for patients.

- The practice did not have an articulated mission statement; however, staff we spoke with knew and understood the practice's values.
- The practice had a business plan which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had a governance framework however this was not always put into practice to ensure the delivery of the strategy and good quality care was maintained.

- Whilst some improvement had been made we found a number of issues identified at the inspection of 11 November 2016 remained unaddressed at the inspection of 21 August 2017. Also, the practice had failed to submitted an action plan detailing what steps they would take to address the concerns identified during the inspection of 11 November 2016.
- The provider had some understanding of the performance of the practice, however this was not formally maintained. The practice monitored its performance using the Quality Outcomes Framework (QOF) for performance in chronic disease management, however, we found some instances of insufficient improvement from the previous inspection. For example at the inspection on 11 November 2016 we found performance for mental health indicators was below the national average. For instance 42% of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in their records, in the preceding 12 months compared to 91% for CCG average and 89% for national average. At the inspection on 21 August 2017 we found the practice's performance in relation to mental health remained below average for the period April 2015 to March 2016 (practice 59%, CCG 92%, national 93%).
- The practice still did not have an organised programme of continuous clinical and internal audit in place. However, they were able to give examples of actions they had taken to monitor performance and encourage improvement. For example, they carried out monthly audits of cytology results to ensure all results had been received and followed up where results were outstanding.

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

At the inspection on 11 November 2016 we found the practice could not demonstrate how they proactively sought feedback from patients. Although they had a PPG, they were not active. We found no improvement had been made when we carried out the follow up inspection on 21 August 2017.

- The practice still did not have a patient participation group (PPG) in place. They told us they were trying to promote the PPG to patients and had identified some patients with an interest in joining. There were no other processes and procedures in place to ensure patient's views and feedback was captured and acted upon.
- The practice did not proactively seek feedback from staff and patients. Patient feedback in respect of access to services had not been effectively addressed. Feedback from patients provided through the GP patient survey about difficulties accessing services at the practice had not been effectively addressed by the provider.
- At the previous inspection on 11 November 2016 staff told us they did not have enough computer access

Are services well-led?

Inadequate

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

during peak times at reception when three staff were working. They reported that this led to delays in booking. At this inspection we found the position remained unchanged. We were told the IT system and equipment belonged to the Clinical Commissioning Group (CCG) who had told the practice there were insufficient ports available to increase the number of terminals.

Continuous improvement

The practice worked with other practices within their network in local initiatives such as an audit of pre-diabetic patients. We saw evidence that all of the patients identified from their list as being possibly pre-diabetic (57 patients) had been reviewed. The practice was one of only three practices in their area that had achieved this.

This section is primarily information for the provider

Enforcement actions

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 HSCA (RA) Regulations 2014 Good Governance **How the regulation was not being met:** There were no systems or processes that enabled the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular: • Patient feedback in respect of access to services had not been effectively addressed; • There was no patient participation group in operation. There were no effective systems or processes that ensured good governance in accordance with the fundamental standards of care. In particular the provider did not ensure: • Staff received necessary training in infection control training for fire wardens and; • Actions identified by a fire risk assessment were completed; • There was an organised programme of continuous clinical and internal audit in place. This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.