

Wanstead Place 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?

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 Wanstead Place Surgery on 05 October 2016. Overall the practice is rated as Good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice hosted in-house gynaecology and dermatology clinics.
- The practice engaged with other practices within the locality to foster good working relations and encourage learning through shared good practice and arranging learning events.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice offered minor surgery.
- 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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. The practice offered extended hours surgery four times a week.
- The practice offered an in-house acupuncture service.
- 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 practice was aware of and complied with the requirements of the duty of candour.
- The Patient Participation Group (PPG) at the practice was active. Members we spoke to on the day of inspection told us the staff at the practice engaged

Summary of findings

regularly with the PPG to ensure that patients were aware what was happening within the practice and to seek the PPG and patients views on future plans for the practice.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

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

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice 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.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice offered non-traditional methods to addressing pain relief.
- 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.
- The practice offered extended hours surgery four evenings a week for those unable to attend the surgery during normal working hours.
- Telephone consultations were available who could not attend the practice.
- The practice hosted hospital services in-house such as dermatological and gynaecology clinics.
- The practice engaged with reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services such as the provision of minor surgery, which provided flexibility and choice for patients.

Are services well-led?

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

Good



- 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.
- 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 an overarching 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 practice was a teaching and training practice, who regularly hosted GP trainee doctors. Both GP trainers at the practice have been nominated for the 'Tutor of the Year' award by students.

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- 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.
- The practice engaged with other practices within the locality to foster good working relations and encourage learning.

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.

Good



- 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.
- Longer appointments for this population group were available when needed.
- Patients aged 75 and over had a named GP.
- Patients that had been identified as high risk patients because of their needs, received 20 minute appointments.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The Quality Outcomes Framework (QOF) recorded the practice as scoring higher than the national average on all five of the diabetes indicators.
- 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.

Families, children and young people

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

Good



- 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.

Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 82% of women aged 25-64 notes record that a cervical screening test has been performed in the preceding 5 years which was above the CCG average of 79% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered chlamydia screening for 15-25 year old patients.

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.
- Telephone consultations with clinicians were available to meet the needs of this population group.
- The practice offered extended hours surgery four times a week to meet the needs of this population group.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

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

Good



Summary of findings

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

- 91% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is above the CCG average of 80% and the national average of 84%.
- 91% of patients with schizophrenia, bipolar effective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months, which is comparable to the national average of 89%.
- 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 conducted regular medicine review of patients within this group to monitor the effectiveness of their treatment and monitor their physical health.
- 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 January 2015. The results showed the practice was performing in line with local and national averages. Three hundred and seventeen survey forms were distributed and 108 were returned. This represented just over 1% of the practice's patient list.

- 74% of patients found it easy to get through to this practice by phone compared to the CCG average of 67% and the national average of 73%.
- 69% 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 68% and the national average of 76%.
- 88% of patients described the overall experience of this GP practice as good compared to the CCG average of 81% and the national average of 85%.

- 82% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 72% and 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 32 comment cards which were mainly positive about the standard of care received. The recurring themes from the comment cards were that staff were helpful and polite and the standard of care provided was very good.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The Friends and Family Test undertaken by the practice during the months November 2015 - March 2016 revealed that 62 out of 76 patients would recommend the practice.

Wanstead Place 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.

Background to Wanstead Place Surgery

Wanstead Place Surgery is located in a residential area of Wanstead, North East London. The practice is located in a two storey converted building. There is parking (permit-only) on the streets nearest to the practice, and a parking bay for disabled patients at the front of the surgery. The nearest bus stop is approximately five minutes' walk from the practice.

The practice operates from:

45 Wanstead Place

Wanstead

London

E11 2SW

There are approximately 8500 patients registered at the practice. Statistics shows moderate to low income deprivation among the registered population. The registered population is slightly higher than the national average for those aged between 0-4 and between 25-44. Patients registered at the practice come from a variety of backgrounds including Asian, Western European, Eastern European and Afro Caribbean.

Care and treatment is delivered by four GPs (two male and two female) which includes three partners and one salaried

GP who provide thirty clinical sessions per week. There is one practice nurse (female) who works eight sessions per week. Five administrative staff work at the practice and are led by a practice manager. The practice was a teaching and training practice. The practice was hosting three GP trainees on the day of inspection.

The practice is open from the following times:-

- 8am – 8pm (Monday)
- 8am – 7pm (Tuesday, Wednesday, Thursday)
- 8am – 6:30pm (Friday)

Clinical sessions are run during the following times:-

- 8:30am - 1:15pm; 2:30pm - 8pm (Monday)
- 8:30am - 12:50pm; 1:30pm - 7pm (Tuesday)
- 8:30am – 12:50pm; 1:30pm - 3:30pm; 4pm - 7pm (Wednesday)
- 8:30am - 1:15pm; 2:50pm - 7pm (Thursday)
- 8:30am - 1:15pm; 1:30pm - 6:30pm (Friday)

Extended hours surgeries are offered on a Monday, Tuesday, Wednesday and Thursday evenings. Patients can book appointments in person, by telephone and online via the practice website.

Patients requiring a GP outside of practice opening hours are advised to contact the NHS GP out of hours service on telephone number 111.

The practice has a Personal Medical Services (PMS) contract. PMS contracts are nationally agreed between the General Medical Council and NHS England. The practice conducts the following regulated activities:-

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury

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- Maternity and midwifery services
- Surgical procedures
- Family planning

Redbridge Clinical Commissioning Group (CCG) is the practice's commissioning body.

Wanstead Place Surgery has not previously been inspected by the 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 5 October 2016.

During our visit we:

- Spoke with a range of staff (doctors, practice nurse, practice manager and receptionists) 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?

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. Members of the practice were engaged in reviewing safety systems within the practice.

- 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 amongst all staff and action was taken to improve safety in the practice. For example, we viewed a significant event record relating an event where a local nursing home had contacted the surgery requesting a call back to discuss a potential visit or to gain advice over the telephone from a doctor regarding a patient currently on the practice list. It was noted that the duty doctor called the nursing home several times on the day of the request, but that the telephone kept ringing and no-one answered. The duty doctor continued trying to make contact with the home until the end of surgery hours. The duty doctor requested that a routine visit be made the next day to the patient. The next day, the practice received a call from the patient's wife who was upset that that no contact was made by the practice to the nursing home. It transpired that the telephone number that the practice had for the nursing home was incorrect. We saw evidence that the practice staff meeting was held shortly after the event where the

event was discussed and it was agreed with all reception staff that on all occasions where a call back is requested by a patient or third party, staff would ask for a current phone number on which the patient/third party is contactable.

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. The practice had separate safeguarding leads for adults and children. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies in relation to patient safeguarding concerns. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurse were trained to safeguarding level 3. Non-clinical staff were trained to levels 1 and 2. We viewed a recent multi agency referral sent to the local borough safeguarding team, completed by the practice highlighting concerns with regards to the stability of care being provided to a young child by the parents.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained 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. Infection control audits were undertaken, with the latest external National Health Service England (NHSE) audit conducted in January 2014. We saw an action plan had been devised by the practice and that actions had been

Are services safe?

completed to address any improvements identified as a result of this audit. The practice nurse and the practice manager conducted an annual in-house infection control audit to ensure the surgery maintained the appropriate infection control standards. The last audit was conducted early 2016, and at that time, the audit concluded that appropriate standards were being maintained.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation (PGD's are written instruction for the supply or administration of medicines to groups of patients who may or may not be individually identified before arriving for treatment).
- 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 and a copy of this plan was kept off site by the practice manager and one of the practice partners.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

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 published results for 2014/2015 showed the practice achieved 95% of the total number of points available, with an exception reporting rate of 7%. (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 2014/2015 showed:

- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less in the preceding 1 April to 31 March was 81% compared to the national average of 78%.
- Performance for mental health related indicators was better than the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in their records, in the preceding 12 months was 96% compared to the national average of 88%.

There was evidence of quality improvement including clinical audit.

- We saw that there had been 10 clinical audits completed in the last two years, two of which were two-cycle audits and one, a three-cycle audit. Audits were completed where the improvements made were implemented and monitored. For example, we reviewed a retrospective audit of the practice referral times for specialist cancer screening for patients coming to the surgery with symptoms potential linked with cancer. The first audit identified 19 patients (using an online register) with a new cancer diagnosis. Ten patients were referred by the practice to the local cancer screening department using the two-week wait referral process and the other nine patients were diagnosed either by private referrals, through a third party or through an emergency referral by the practice. Action points following a clinical meeting held to discuss the results of the first audit included that clinical staff should complete two week referrals the same day that the patient has been seen and that they should ensure that the local risk assessment tool is used each time. Results from the re-audit showed that of the 18 patients identified, those referred by the practice were done so in a timely fashion and in accordance with NICE guidelines. A further action point from the analysis of the latest audit was to conduct a study of an online risk-scoring tool with a view to identify any benefits of integrating this tool into the current way clinical staff identify patients with potential symptoms of cancer.
- The practice participated in local audits, national benchmarking, accreditation and peer review. We viewed a Chronic Obstructive Pulmonary Disease (COPD) review conducted by the practice in order to confirm that patients identified with this condition are having regular reviews with a clinician and medication prescribed is appropriate for patient needs.

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

Are services effective?

(for example, treatment is effective)

safety, health and safety and confidentiality. Each member of staff had an employee handbook which covered topics such as codes of conduct, equal opportunities and grievance procedures.

- 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.
- The practice was a teaching and training practice. The practice was hosting three GP trainees, which enabled the practice to offer an increased number of appointments for patients.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. We viewed end-of-life care plans which had been sent to the Out Of Hours (OOH) provider with details of patient instruction.
- 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. Patients were either offered advice in-house and/or signposted to the relevant service.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG 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,

Are services effective?

(for example, treatment is effective)

childhood immunisation rates for the vaccinations given to under one year olds ranged from 87% to 88% and five year olds from 71% to 87% in comparison to CCG average of 84% to 86% for under one year olds and 71% to 84% for five year olds.

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 but two of the 32 patient Care Quality Commission comment cards we received were positive about the service experienced. Both cards were not entirely positive regarding their experience at the practice spoke of the lack of suitable appointments. Positive responses spoke of the practice offering an excellent service and that 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 patients felt they were treated with compassion, dignity and respect. The practice was above average on the majority of its satisfaction scores on consultations with GPs and nurses. For example:

- 96% 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 88%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 86%.
- 97% 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%.

- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79% and the national average of 85%.
- 87% 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 90%.
- 81% of patients said they found the receptionists at the practice helpful compared to the CCG average of 78% 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. The majority of 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:

- 89% 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%.
- 86% 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%.
- 78% 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 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.
- Several members of staff spoke a second language.

Are services caring?

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 102 patients as carers which equates to over 1% of the practice list. 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. For example, the practice is accredited to conduct minor surgery and joint surgery, which allowed patients access to certain clinical procedures without having to be registered as an out-patient at local hospitals.

- The practice offered extended hours surgery for working patients who could not attend during normal opening hours on a Monday evening when the practice remained open until 8pm. In addition the practice was open until 7pm on Tuesday, Wednesday and Thursday evenings.
- There were longer appointments available for patients needing them for example, people 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 same day consultation.
- The practice offered contraception services such as coil fittings and implants insertion. Late afternoon/early evening appointments were available to women unable to attend the practice during normal working hours. In addition, chlamydia screening and family planning advice was available.
- Patients were able to receive travel vaccinations available on the NHS, as well as those available privately.
- The practice displayed an innovative approach to treating the needs of patients by hosting traditionally based hospital services within the practice. For example, an in-house gynaecology clinic led by a gynaecology consultant from the local hospital was run by the practice quarterly. This allowed patients to see a consultant without the need to travel and in surroundings which were familiar to them. By hosting this clinic, the practice was able to reduce secondary care referrals in this clinical area. A comparative study of the practice gynaecology referrals between the months of Jan 2011 to October 2011 and Jan 2016 to October

2016 showed that the practice referrals had reduced by 1% per 1000 patients, taking into account a rise in the practice population by approximately 3000 patients between the years 2011 and 2016.

- There were disabled facilities, a hearing loop and translation services available.
- Translation and interpreter services were available for patients whose first language was not English. In addition double appointments were available for persons requiring use of translator or an interpreter during their consultation.
- The practice offered chlamydia screening for 15-25 year old patients.
- The practice offered in-house acupuncture to its patients as a compliment to traditional medicines.
- Another specialist from the hospital attended the practice to consult with patients with dermatological conditions. By hosting this clinic, the practice was able to reduce secondary care referrals in this clinical area. We saw that over a specific period and an increase in the practice patient list size, secondary referrals to hospitals by the practice for those with skin conditions had reduced. A comparative study of the practice dermatology referrals between the months of Jan 2011 to October 2011 and Jan 2016 to October 2016 showed that the practice referrals had reduced by 4% per 1000 patients. This figure takes into account the practice population increasing by approximately 3000 patients between 2011 and 2016.
- The practice conducted an in-house specialist diabetes programme which provided patients with advice, support and reviews from clinicians regarding the commencement of insulin and the management of this treatment.

Access to the service

The practice was open between 8am and 7pm Monday to Friday, with the exception of Monday, when the practice closed at 8pm for extended hours surgery and at 6:30pm on a Friday. Appointments were from:-

- 8:30am - 1:15pm; 2:30pm - 8pm (Monday)
- 8:30am - 12:50pm; 1:30pm - 7pm (Tuesday)
- 8:30am - 12:50pm; 1:30pm - 3:30pm; 4pm - 7pm (Wednesday)
- 8:30am - 1:15pm; 2:50pm - 7pm (Thursday)

Are services responsive to people's needs?

(for example, to feedback?)

- 8:30am - 1:15pm; 1:30pm - 6:30pm (Friday)

In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent next day appointments were also available for people that needed them. Online appointment booking was also available to patients who had registered with the practice to use this facility.

Results from the National GP Patient Survey showed that patient's satisfaction with how they could access care and treatment was above the local average scores and mixed against the national average scores.

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and the national average of 78%.
- 60% of patients said they could get through easily to the practice by phone compared to the CCG average of 52% and the national average of 73%.

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

The practice had a system in place to assess:

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

If a patient called the surgery (when the phone lines are open) requesting an urgent appointment or home visit, the receptionists would offer the next available urgent appointment slot. 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.
- The senior partner alongside one of the practice administrators were the responsible persons who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There was a notice within the waiting area and a leaflet available for patients.

We looked at two out of 10 complaints received in the last 12 months and found that these complaints were dealt with in a timely way and that there was transparency in communications with the complainants. Lessons were learnt from individual concerns and complaints. For example, one of the complaints we viewed related to a patient who was unhappy that they were not able to obtain a repeat prescription for a specific medicine before going on holiday. The practice responded to the complainant within the specified timescale, offering an apology for not issuing the requested repeat and explaining the reason behind why the repeat prescription had not been issued. The practice also stated the timeline of events and actions taken by the practice to keep the patient informed regarding their request and the eventual outcome. Following on from the complainant, the issue was discussed at the next clinical meeting, with input from reception staff to confirm that the practice protocol on the handling of repeat prescriptions requests was being adhered to. Following this meeting and review, the practice was happy that the correct protocol had been followed, clinically the correct decision had been made and that the complainant had been kept informed of all action pending the final decision not to issue the repeat prescription request.

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 clear vision to deliver high quality care, promote good outcomes and engage with patients regarding their healthcare:-

- The practice had a mission statement and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and they were regularly monitored. On the day of inspection, Wanstead Place Surgery had a planning application pending to extend their premises so that they could attend to current patient needs and to meet the future demands for services

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. There was active management of registers for those patients diagnosis as having long term conditions.
- A comprehensive programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice had a local 'buddy' practice in the area, should an event occur which meant the practice building not being able to open.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable, always took the time to listen to all members of staff and valued their opinions.

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 a verbal and written 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 all team meetings.
- The practice had a strong learning and safety culture, which identified significant events, complaints, positive and negative feedback received from patients, staff and other stakeholders as a learning opportunity.
- 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. Practice staff attended social events outside of working hours.
- Staff said they felt respected, valued and supported, particularly all members of staff in the practice. They said that they were happy to work at Wanstead Place. This was evidenced by the low turnover of staff at the practice. All members of 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.

The practice is a teaching and training practice and has regularly since 2010 hosted medical and GP trainees. Two of the partners at the practice are authorised trainers/tutors and both have recently been nominated for the 'Tutor of the Year' award.

Are services well-led?

Good 

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

The practice hosted regular educational meetings which local surgeries were invited to take part. One of the most recent educational meetings had a consultant dermatologist give a talk about this area of work. The senior partner told us that these meeting were well attended and that it gave the opportunity to build on established links between all the local surgeries.

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 organised a regular walking group and had run a number of sessions focusing on chair based exercises for patients, at minimal cost to the surgery. The

PPG had run fundraising events to help fund the purchase of equipment at the surgery. The PPG members we spoke to told us that the staff at the surgery were very supportive of the PPG.

- The practice had gathered feedback from staff through staff meetings, ad-hoc discussions and appraisals. 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.

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. For example, the partners at the practice provided mentorship for a local pharmacist and district nurse in order for them to become independent prescribers. At the time of inspection, the practice was hosting three GP trainees, who were being supervised by two of the partner GPs.