

# Newbury Park Group Practice

## Inspection report

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Date of inspection visit: 11 March 2019  
Date of publication: 14/05/2019

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 location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

# Overall summary

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Newbury Park Group Practice on 11 March 2019 as part of our inspection programme of primary care services.

At this inspection we found:

- The service had good systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- The service had systems for sharing information with staff and amongst relevant stakeholders to ensure them to deliver safe care and treatment.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- There was regular communication between the service and the location from where services were being delivered to ensure that local policies for building management were compliant with the service providers policies.
- Staff we spoke we were able to describe the service ethos, told us the management were approachable and were happy to work at the service.

The areas where the provider should make improvements are:-

- The provider should consider the use of interpretation services to aid staff at the call centre.
- The provider should maintain regular contact with site practice manager to ensure that shared medical equipment on site is in date.

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a second CQC inspector.

## Background to Healthbridge Direct Limited - Newbury Park Group Practice

The provider of the service is Healthbridge Direct Limited. This is a group of local general practitioners who have agreed to work together to offer a health service provided by clinicians with expertise in, understanding of, and commitment to their local communities. Healthbridge Direct has three executive board members and nine local clinical lead directors, who are all local GPs with practices in the London borough of Redbridge. The clinical team are supported by an delivery team of seven led by an interim Head of Operations which includes an operations manager and a network support and office manager. Healthbridge Direct Limited employs a mixture of approximately 58 male and female GP's to provide patient facing consultation services. Healthbridge Direct Limited has contracted with BHR GP solutions a separate company that provides the call centre the extended access primary care hub.

The service is commissioned by the Local Clinical Commissioning Group (CCG) for the residents of Redbridge who are registered with a local GP practice. It is commissioned for patients who are assessed as having an urgent primary care need to support NHS 111, A&E, GP practices and urgent care centres. It does not provide a service for patients who required on going treatment for long-term conditions, palliative care, and maternity care.

The management team for Healthbridge Direct Limited is based at The Vintry, Redbridge Lane East, IG4 5EY

The call handling is based at CEME Innovations Centre, Marsh way, Rainham Essex RM13 8EU. This is operated by a business manager and assistant, a rota manager, two supervisors and a team of call handlers.

The extended access service is located at Newbury Park Group Practice in purpose-built premises It is located at 40 Perrymans Farm Road, Ilford, IG2 7LE within a predominantly residential area of Newbury Park in the London borough of Redbridge. Patients book an appointment by telephoning their GP practice, and other urgent care centres or calling the services direct line. The service does not see patients who walk in without a prior appointment.

The service operated from Monday to Friday from 6:30pm to 10pm and between 11am and 4pm on Saturday and Sunday.

The call handlers book appointments from Monday to Friday from 2pm to 9pm and Saturday 9am to 5pm and Sunday 9am to 4pm.

The provider Healthbridge Direct Limited is registered with the CQC to provide the regulated activity treatment of disease, disorder and injury, family planning and diagnostics and screening procedures.

# Are services safe?

**We rated the service as good for providing safe services.**

## Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had safety policies, including Control of Substances Hazardous to Health and Health & Safety policies, which were regularly reviewed and communicated to staff. Staff received safety information from the provider as part of their induction and refresher training. The provider had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. The service kept copies of the host premises latest infection control report centrally. However, there was no specific timetable when the provider would make site visits, as they would attend the host practice on an 'as and when basis' when required. The room allocated for the service was clean and was furnished with the equipment needed for the doctors of the service to run the out-of-hours service.
- The provider ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There was a local protocol in place between the provider and the host practice regarding the use of equipment in the nurse's room for which the host practice was responsible for. However on

the day of inspection, we noted that equipment such as syringes and some medical dressing pads were out of date. We spoke with the Operations Manager for the service regarding the out of date equipment, who informed us that she would contact the host site's practice manager regarding confirmation of a checking schedule for equipment. There were systems for safely managing healthcare waste, again this was the responsibility of the host practice.

## Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective system in place for dealing with surges in demand. The providers ran the same service from two other locations with the area location of Redbridge.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention. They knew how to identify and manage patients with severe infections, for example sepsis. In line with available guidance, patients were prioritised appropriately for care and treatment, in accordance with their clinical need.
- The call handlers told patients to seek further help if their condition became worse whilst they waited for their appointment. They advised patients to seek further advice by calling NHS 111 or 999.
- Due to the type of service offered, patients were not prioritised appropriately for care and treatment, in accordance with their clinical need. If the call handlers believed that the patient needed to be seen urgently they would consult with the doctors and refer the patient to the appropriate service. However, if a patient presented for an appointment, the receptionist would ensure the doctor was aware of anyone with urgent needs.
- GP's at the service told patients when to seek further advice and would refer patients to the emergency services.

## Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

## Are services safe?

- The GP's used a customised electronic records system to ensure Individual patient care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The customised electronic patient records system the service used did not have access to the patient medical history. The providers of the service were aware of this and had sought to ensure that patient care and treatment was delivered safely. This was done so in a number of ways including only prescribing medicines for a short period and advising patients to make an appointment with their regular GP at their earliest opportunity to request further medicines.
- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance.

### Appropriate and safe use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- The systems and arrangements for managing medicines, including medical gases, emergency medicines and equipment minimised risks. The service kept prescription stationery securely and monitored its use. Each prescription administered was logged with details of the date, NHS patient number, the name of doctor administering the prescription and prescription number.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The service had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Processes were in place for checking medicines and staff kept accurate records of medicines kept and their expiry dates.

### Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to health and safety issues for both the provider and at the host practice. Healthbridge Direct kept copies of the host premises health and safety, fire risk and legionella risk assessments.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- There was a system for receiving and acting on safety alerts.

### Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. For example, we viewed an incident relating to a member of the site reception staff failing to arrive for their assigned shift. Once it was realised that the member of staff was not going to be on site, the Operations Manager was notified and they were able to identify a replacement member of staff to cover the shift, without disruption to the service. A review of procedures found that the correct processes were in place to deal with a situation like this, but that the relevant process had not been followed by the staff member in question. As a result, staff were reminded of their responsibility to inform their supervisor when they were unable to attend their designated shift.
- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff.
- The provider took part in end to end reviews with other organisations. Learning was used to make improvements to the service. The service was in regular

## Are services safe?

contact with the company who held the contract for the calls handling service for the out-of-hours service to ensure that the service as a whole ran as efficient and effectively as possible.

# Are services effective?

**We rated the service as good for providing effective services.**

## Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. The provider monitored that these guidelines were followed.
- The service did not carry out telephone assessments, with patients being assessed when seen by the doctor. Call handlers asked patients what their symptoms were and recorded this on the system and the call handlers then booked patients into the next available appointment.
- The call handlers had clear direction on what the service could offer. When staff were not able to make a direct appointment to the service for the patient, the call handlers followed a clear referral process and offered the patient a clear explanation.
- The service used a red flag system should patients present with any urgent needs or request treatments that were not available at the service. These informed staff if it was appropriate to continue with the appointment booking or refer to NHS 111, urgent care, or accident and emergency. These provided staff with a standard operating procedure to follow. For example, for patients presenting with suicide, requiring antidepressants, any issues with pregnancy, suspected meningitis, and sepsis.
- Care and treatment was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. For example, the service was able to offer longer appointment if needed.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

## Monitoring care and treatment

The service had a programme of quality improvement activity and routinely received the effectiveness and appropriateness of the care provided.

- The service was meeting its locally agreed targets as set by its commissioner. The provider reported weekly the number of appointments available, the number of patients seen, and the number of patients who did not attend. In addition, the referral routes that patients came from. Such as NHS 111, A&E, urgent care, the walk-in centre, GP practice, direct patient access, and out of hours GP service.
- The service made improvements through the use of completed audits. Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The service was actively involved in quality improvement activity. For example, call handler's calls were listened to and audited every six months any issues were discussed with the member of staff by the supervisors. The call handlers also explained that the supervisors would offer support if a difficult call arose.

## Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- The call handlers had carried out infection control, safeguarding children and adults, fire safety, chaperoning, basic life support and information governance training. The provider had an induction programme for all new call handlers and reception staff which included shadowing and an assessment of their calls.
- The medical director oversaw the induction of the locum doctors and there was a locum induction pack for all new locum doctor recruits.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.
- The provider ensured that all the doctors had completed safeguarding training and basic life support, had maintained their GP registration and had completed their revalidation. Up to date records of skills, qualifications and training were maintained.

## Are services effective?

- The provider did not offer any doctor specific training, this was offered as part of the monthly training alongside the local CCG for all GPs in the area.
- The provider provided staff with ongoing support. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The provider could demonstrate how it ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable. We viewed a record where the provider spoke with and informed by letter a locum GP of their responsibility to inform the provider if they are going to be late for their assigned shift.

### Coordinating care and treatment

Staff worked together, and worked well with other organisations to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centered care. This included when they moved between services, when they were referred, or after they were discharged from hospital. Staff communicated promptly with patient's registered GP's so that the GP was aware of the need for further action. Staff also referred patients back to their own GP with a copy of their most recent consultation with the service to ensure continuity of care, where necessary.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

- The service had formalised systems with the NHS 111 service with specific referral protocols for patients referred to the service.
- The service ensured that care was delivered in a coordinated way and took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- There were clear and effective arrangements for booking appointments, transfers to other services, and dispatching ambulances for people that require them. Staff were empowered to make direct referrals and/or appointments for patients with other services.

### Helping patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- The service clinicians gave relevant advice to patients to enable them to self-care where it was appropriate to do so.
- Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given.
- Where patients needs could not be met by the service, staff redirected them to the appropriate service for their needs.

### Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The provider monitored the process for seeking consent appropriately.



# Are services caring?

**We rated the service as good for caring.**

## **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information. Call handlers gave people who phoned into the service clear information. There were arrangements and systems in place to support staff to respond to people with specific health care needs such as end of life care and those who had mental health needs.
- All of the four patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the service.

## **Involvement in decisions about care and treatment**

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given).

- Patients told us through comment cards, that 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.
- For patients with learning disabilities or complex social needs family, carers or social workers were appropriately involved.

## **Privacy and dignity**

The service respected and promoted patients' privacy and dignity.

- Staff respected confidentiality at all times.
- Patients had access to a chaperone if required.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately

# Are services responsive to people's needs?

**We rated the service as good for providing responsive services.**

## Responding to and meeting people's needs

- The provider organised and delivered services to meet patients' needs. It took account of patient needs and preferences.
- The provider understood the needs of its population and tailored services in response to those needs. The provider engaged with commissioners to secure improvements to services where these were identified. For example, the provider had recently received approval to change their current clinical records system to be the same system used by the majority of GP practices in the local area. This would ensure that in the future GP's seeing patients at the service would have access to patients full medical history.
- The facilities and premises were appropriate for the services delivered. The service had a separate entrance from the main entrance, which had access for disabled patients. There was on-site parking and good access to the site by public transport.
- The service was responsive to the needs of people in vulnerable circumstances and provided longer appointments (if required).
- The service did not offer an interpretation service at the call centre. Patients were either directed to call NHS 111 service (which had a interpretation service) or to call back with someone who could speak English.

## Timely access to the service

Patients were able to access care and treatment from the service within an appropriate timescale for their needs.

- Patients were able to access care and treatment at a time to suit them. The service operated from Sunday to Saturday at the following times:-

-18:30pm - 22:00pm (Monday to Friday)

-11:00am - 16:00pm (Saturday to Sunday)

Patients accessed services through the pre-booked appointment system or occasionally via the NHS 111 service.

- The service did not see walk-in patients and a 'Walk-in' policy was in place which clearly outlined what approach should be taken when patients arrived without having first made an appointment, for example patients were told to call NHS 111 or referred onwards if they needed urgent care. All staff were aware of the policy and understood their role with regards to it, including ensuring patient safety was a priority.
- Waiting times, delays and cancellations were minimal and managed appropriately. Patients who arrived late for their appointment, could be rebooked, asked to see if they could see their GP. If it was determined that the patient needed to see a doctor and could wait, in some cases the patient would be seen before the service closed.
- The service's call handlers had a list of patients they could provide an appointment for and those that the service was unsuitable for. When appropriate, they referred them to the more appropriate urgent care services. However, should a patient who attended their appointment become unwell they would be seen immediately by the doctor.
- Where patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- The appointment system was easy to use.

## Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. No complaints were received in the last year about the service at this location.

# Are services well-led?

**We rated the service as good for leadership.**

## Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Senior management was accessible throughout the operational period, with an effective on-call system that staff were able to use.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

## Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The provider planned the service to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy.
- The provider ensured that staff who worked away from the main base felt engaged in the delivery of the provider's vision and values.

## Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients.

- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

## Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The provider required locum GP's to provide them with evidence of their medical indemnity and had additional cover in place.

## Managing risks, issues and performance

## Are services well-led?

There were clear and effective processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The provider had processes to manage current and future performance of the service. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Leaders had oversight of MHRA alerts, incidents, and complaints. Leaders also had a good understanding of service performance against the national and local key performance indicators. Performance was regularly discussed at senior management and board level. Performance was shared with staff and the local CCG as part of contract monitoring arrangements.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The providers had plans in place and had trained staff for major incidents.

### Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored, and management and staff were held to account.
- The service submitted data or notifications to external organisations as required.

- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

### Engagement with patients, the public, staff and external partners

The service involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients' staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. We saw that the service had taken action following patient feedback that there was no receptionist when they arrived on site for their appointment. The receptionists now have a sign which they will leave at the reception desk if they are away, asking the patient to be seated until the receptionist returns.
- Staff were able to describe to us the systems in place to give feedback.
- Staff reported good communication and support from the management team.
- The service was transparent, collaborative and open with stakeholders about performance.

### Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the service. On the day of inspection, two of the executive directors were able to talk to us about the introduction of new IT system that would provide access to patient notes, which would increase the scope of the service and enable the patient to complete their journey without referral back to the GP. In addition, the service hoped to be able to introduce a service to provide NHS health checks.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.