

Dr Harjit Singh

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr H Singh (Granville Medical Centre) on 12 January 2017. Overall the practice is rated as good.

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

- Results of the national GP patient survey showed that the practice was performing below the local and national average in several areas.
- Patients said they did not always find it easy to make an appointment with a named GP but there was continuity of care, with urgent appointments available the same day.
- The practice was offering extended hours appointments on one Saturday each month.
- Risks to patients were assessed and managed.
- The practice was carrying out annual infection prevention and control audits.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- 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.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

- Ensure that it addresses the issues highlighted in the national GP survey in order to improve patient satisfaction, including in respect of patient access.

In addition, it should:

- Establish an active patient participation group for the benefit of patient interaction, improvement recommendations and feedback.
- Provide health and safety training for staff who have not yet been trained.

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 were annual infection prevention and control audits.
- Risks to patients were assessed and managed.
- 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 systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Staff had the skills, and experience to deliver effective care and treatment. However, two clinical members of staff had not received health and safety training.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were similar to the national average in most areas.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- 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.

- The practice had identified less than one percent of patients who had caring responsibilities.
- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care. For example:

Good



Summary of findings

- 73% of patients said the last GP they saw was good at involving them in decisions about their care which was below the CCG average of 76% and the national average of 82%.
- 72% of patients said they found the receptionists at the practice helpful which was below the CCG average of 78% and the national average of 87%.
- 80% of patients said the GP was good at listening to them which was below the CCG average of 85% and the national average of 89%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

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

- Results of the national GP patient survey showed that the practice was performing below local and national averages in a number of areas, including in respect of access to the service.
- Patients said they did not always find it easy to make an appointment with a named GP, but there was continuity of care, with urgent appointments available within 24 hours.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice manager had recently been made an ambassador for the CCG local area.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.

Requires improvement



Are services well-led?

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

- The practice proactively sought feedback from staff and patients, which it acted on. However, the patient participation group was not active.

Good



Summary of findings

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- There was a strong focus on continuous learning and improvement at all levels.

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.
- Following bereavement a GP would contact the family to discuss their loss and to provide them with details of support available for people experiencing bereavements. Where appropriate and convenient staff would attend funerals.

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.
- 81% of patients with diabetes had last blood pressure reading in the preceding 12 months in the acceptable range, compared to the national average of 78%.
- 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.
- 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.

Summary of findings

- The practice's uptake for the cervical screening programme was 82%, which was comparable to the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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).

- Extended hours appointments were only offered one Saturday each month for the benefit of patients who could not attend during working hours.
- 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.

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, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



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).

Good



Summary of findings

- 98% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan in the preceding 12 months, compared to a 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 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing below local and national averages. Three hundred and fifty survey forms were distributed and 103 were returned. This represented 2% of the practice's patient list.

- 33% of patients found it easy to get through to this practice by phone compared to the CCG average of 54% and the national average of 73%.
- 65% 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 65% and the national average of 76%.
- 72% of patients described the overall experience of this GP practice as good compared to the CCG average of 74% and the national average of 85%.
- 68% 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 68% 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 25 comment cards which were all positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect, though four cards mentioned difficulty in getting an appointment.

We spoke with 12 patients during the inspection. All 12 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice participated in the NHS friends and family test (FFT) (FFT is an anonymised method of asking patients if they would recommend the practice to a friend or family member). Eighty-five percent of 142 patients responding to the FFT said they would recommend the practice.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that it addresses the issues highlighted in the national GP survey in order to improve patient satisfaction, including in respect of patient access.

Action the service **SHOULD** take to improve

- Establish an active patient participation group for the benefit of patient interaction, improvement recommendations and feedback.
- Provide health and safety training for staff who have not yet been trained.

Dr Harjit Singh

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice nurse specialist adviser.

Background to Dr Harjit Singh

Dr H Singh (Granville Medical Centre) provides primary medical services in Ilford to approximately 5400 patients and is a member of NHS Redbridge Clinical Commissioning Group (CCG).

The practice population is in the fifth most deprived decile in England. Twenty-seven percent of older people live in income deprived households compared to a local average of 21% and a national average of 16%. The practice had surveyed the ethnicity of the practice population and had determined that 11% of patients described themselves as white, 79% Asian, 3% black and 7% as having mixed or other ethnicity.

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

The practice operates under a General Medical Services (GMS) contract and provides a number of local and national enhanced services (enhanced services require an increased level of service provision above that which is normally required under the core GP contract). The enhanced services it provides are: meningitis immunisation; alcohol brief intervention; childhood vaccination and immunisation scheme; extended hours

access; facilitating timely diagnosis and support for people with dementia; influenza and pneumococcal immunisations; learning disabilities; patient participation; rotavirus and shingles immunisation; and unplanned admissions.

The practice team at the surgery is made up of three part-time GP partners, two male and one female. The doctors provide a total of 18 clinical sessions per week. The nursing team consists of one full-time female practice nurse. There are eight administrative, reception and clerical staff including a full-time practice manager.

The practice is open:

Monday to Wednesday and Friday 9.00am to 1.00pm and 2.30pm to 6.00pm.

Thursday 9.00am to 1.00pm.

Sat: 8.00am to 11.00am on one Saturday a month.

GP appointments are available:

Monday to Wednesday and Friday 9.00am to 11.50am. and 2.30pm – 5.20pm.

Thursdays 9.00am – 1.00pm.

Nurse Appointments are available:

Monday and Tuesday 9.00am to 1.30pm and 2.30pm to 6.00pm.

Wednesday 9.00am to 1.30pm and 2.30pm to 6.30 pm.

Thursday 8.00am to 1.30pm.

Friday 9.00am to 1.30pm and 2.30pm to 5.30pm.

Extended surgery hours are offered by all three GP partners and the nurse on the second Saturday of each month from

Detailed findings

8.00am until 11.30am. The practice has opted out of providing out of hours (OOH) services to their own patients when it is closed and directs patients to the OOH provider for NHS Redbridge CCG.

Dr H Singh (Granville Medical Centre) is registered as a partnership with the Care Quality Commission to provide the regulated activities of family planning; maternity and midwifery services; diagnostic and screening procedures; treatment of disease, disorder or injury

This practice has not previously been inspected by CQC.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 January 2017.

During our visit we:

- Spoke with a range of staff (GPs, practice manager, nurse and administrative staff) and spoke with patients who used the service.

- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient collapsed in the waiting room, and received treatment from the clinicians. After the incident had been dealt with, the practice met to reflect and to discuss what changes could be made to best deal with a similar event in the future. It agreed to have an emergency trolley ready (which it had subsequently purchased) to be used with essential equipment. It also instructed all staff to ensure that other patients were moved away from the immediate environment to give sufficient space for the clinicians to work, and reminded reception staff to use the alarm button on their computers as this would ensure all staff were immediately alerted, in line with its protocol.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements.

Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurse were trained to child protection or child safeguarding level 3, and non-clinical staff were trained to level 1.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice mostly maintained appropriate standards of cleanliness and hygiene. We observed cleaning mops stored in the staff kitchen. Following the inspection the practice purchased a cupboard and moved to mops to the cupboard. We were provided with evidence of the purchase of the cupboard and removal of the mops from the kitchen. We otherwise observed the premises to be clean and tidy. The practice nurse and one of the GPs were the joint infection control clinical leads, supported by the practice manager, who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection prevention and control protocol in place and staff had received up to date training. Annual infection prevention and control audits were undertaken there were no action points found.
- 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

Are services safe?

there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow the nurse to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.

- We reviewed 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 mostly assessed and 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. There was no record to confirm that all clinical equipment was regularly calibrated to ensure it was working properly, however, the practice arranged for checking of all medical equipment and after the inspection provided us with evidence of that having been done. 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 and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE 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. However, there was no failsafe system to ensure that all clinicians were aware of all updates. Following the inspection the practice introduced an amended protocol to ensure that all relevant staff were made aware of updates.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available. Overall clinical exception reporting was less than 4%, compared to the CCG average of 8% and the national average of 10%. 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 2015-16 showed:

- Performance for diabetes related indicators was mostly similar to the national average. For example:
 - 81% of patients with diabetes, on the register, had last blood pressure reading (measured in the preceding 12 months) in the acceptable range, compared to a CCG average of 79% and a national average of 78%.
 - 65% of patients with diabetes, on the register, had a last blood sugar reading within the acceptable range

in the preceding 12 months compared to a CCG average of 68% and a national average of 78%. The practice had a large number of patients who refused treatment for cultural reasons. It had made efforts to engage with this group including during consultations and speaking at a local community centre on the risks associated with diabetes.

- 83% of patients with diabetes had a last blood pressure reading (measured in the preceding 12 months) within the acceptable range compared to the national average of 78%.
- Performance for mental health related indicators was above the national average for example, 98% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record, in the preceding 12 months, compared to a CCG average of 91% and a national average of 89%.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.
- The practice participated in local audits.
- Findings were used by the practice to improve services. For example, the practice had carried out an audit of its cervical screening programme. During the first cycle it found that nine of 365 tests (2.4%) performed had been inadequate. It met to review the results and consider how to continue reducing the number of inadequate samples. It decided to review inadequate results on a monthly basis. During the next audit cycle it took 302 samples with four inadequate results (an inadequate rate of 1.3%).

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal or had one scheduled.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. However, two members of clinical staff had not received health and safety training. Staff had access to e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and asthma. Patients were signposted to the relevant service.
- A smoking cessation advice was available on the premises and a dietician was available from a local support group.

The practice's uptake for the cervical screening programme was 82%, which was above the CCG average of 78% and comparable to the national average of 81%. 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, the percentage of children aged one with full course of

Are services effective?

(for example, treatment is effective)

recommended vaccines was 90%, compared to the national target of 90% and five year olds ranged from 94 % to 100% compared to a CCG average of 72% to 84% and a national average of 88% to 94%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 25 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Four cards, however, mentioned difficulty in getting an appointment.

We spoke with one former member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed how patients felt they were treated in regard to compassion, dignity and respect. Results ranged from below to comparable to CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 80% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.

- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 91%.
- 92% of patients said the last nurse they saw or spoke to was good at giving them enough time compared to a CCG average of 84% and a national average of 92%.
- 94% of patients said they had confidence and trust in the last nurse they saw or spoke to compared to a CCG average of 94% and a national average of 97%.
- 72% of patients said they found the receptionists at the practice helpful compared to the CCG average of 78% and the national average of 87%.

The practice told us that there had been several changes during the time period when the GP patient survey was running, including: a long-term GP was leaving, a new GP started; and the principal GP had taken been away from the practice. In addition, a member of the reception team had been absent and had then returned working reduced hours for a period and that had put the other members of the team under increased pressure.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients how responded to questions about their involvement in planning and making decisions about their care and treatment. Results ranged from below to comparable to local and national averages. For example:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.

Are services caring?

- 73% 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%.
- 76% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 85%.
- 92% of patients said the last nurse they saw or spoke to was good at giving them enough time compared to a CCG average of 84% and a national average of 92%.

The practice told us that: a long-term GP had left the practice; the principal GP had been away from the practice for a period of time; and that the long-serving practice nurse had retired. These changes had unsettled patients, but new members of staff had joined the practice and patients were satisfied with the new clinicians.

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. Members of staff spoke a range of local languages.

- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 24 patients as carers (less than 1% of the practice list). Following the inspection the practice reviewed its patient files and carer registration. It increased its carer register to 173 patients (3% of the practice list). Carers were offered flu vaccination, and signposted to local support groups. 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 would visit the family to offer condolences and signpost to local support groups, and where appropriate and convenient staff would attend the funeral.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours appointments on the second Saturday of each month from 8.00am to 11.30am for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- One of the GPs had given a talk about cardiovascular risks at a local Sikh temple.
- The practice had participated in a diabetes awareness day at a local community centre.

Access to the service

The practice was open:

Monday to Wednesday and Friday 9.00am to 1.00pm and 2.30pm to 6.00pm.

Thursday 9.00am to 1.00pm.

Sat: 8.00am to 11.00am on one Saturday a month.

GP appointments were available:

Monday to Wednesday and Friday 9.00am to 11.50am, and 2.30pm to 5.20pm.

Thursdays 9.00am to 1.00pm.

Nurse Appointments were available:

Monday and Tuesday 9.00am to 1.30pm and 2.30pm to 6.00pm.

Wednesday 9.00am to 1.30pm and 2.30pm to 6.30 pm.

Thursday 8.00am to 1.30pm.

Friday 9.00am to 1.30pm and 2.30pm to 5.30pm.

Extended surgery hours were offered by all three GP partners and the nurse on the second Saturday of each month from 8.00am until 11.30am. The practice had opted out of providing out of hours (OOH) services to their own patients when it is closed and directed patients to the OOH provider for NHS Redbridge CCG.

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

Results from the national GP patient survey showed patient's level of satisfaction with how they could access care and treatment was below local and national averages.

- 64% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and the national average of 78%.
- 33% of patients said they could get through easily to the practice by phone compared to the CCG average of 54% and the national average of 73%.

The practice told us that it had previously tried opening for early morning appointments on weekday mornings but this had not proved popular with patients, so was opening for extended hours on one Saturday each month. The practice was aware that patients frequently expressed a wish to see their preferred GP and were less willing to see another GP or to attend the GP hub to which the practice belonged. The hub offered appointments on weekdays to 10.00pm and also offered weekend appointments. The practice had worked with its phone service provider to improve access. This had included reducing the number of calls in the queue to prevent callers waiting too long on hold. Following the inspection the practice arranged to be open on Thursday afternoons with all GPs offering sessions on Thursday afternoons. A female locum GP was also scheduled to offer an additional session each week from 6 February 2017. The practice was also recruiting an additional member of reception staff and reviewing its staffing structure in order to ensure more staff were available to answer the phones during peak times.

Are services responsive to people's needs?

(for example, to feedback?)

Patients told us on the day of the inspection that most of the time they were able to get appointments when they needed them. We reviewed availability of appointments and found that emergency appointments were available the following morning, with the next available routine appointment being available in five days.

The practice had a system in place to assess:

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

This was achieved by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including information on the practice leaflet.

We looked at three complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way, with openness and transparency in dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, a patient complained that they had been having difficulty in contacting the practice by phone. The practice apologised to the patient and explained that it had recently changed its phone system and was working to tailor the new system for the benefit of patient access. The practice made further changes to the phone system as a result of all patient comments about difficulty of access.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients.

- The practice did not have a mission statement, but following our inspection it prepared one which it displayed on a notice board so that staff and patients are aware of the practice' overarching purpose.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, the practice had not reviewed and acted to improve patient satisfaction in respect of the national GP patient Survey results.

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 and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included

support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

- The practice gave affected people reasonable support, truthful information and 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 team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the principal GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had previously met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example the PPG raised the issue that there was no parking for patients attending the practice, with limited on-street parking available. The practice converted part of its back garden to provide staff parking, making parking at the front available to patients. However, at the time of our visit the PPG was not active.
- The practice had gathered feedback from staff through staff social events and generally through staff meetings, appraisals and discussion. Staff told us they would not

Are services well-led?

Good 

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

hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff had expressed concerns that the rear entrance to the practice was open to patient access at all times, the practice agreed and fitted an intercom system. 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. The practice had won an innovation award in 2016 for its work on a new form of video conference system, which was being used to facilitate meetings with colleagues in secondary care specialising in cardiology. This had resulted in faster diagnosis and treatment of patients. The practice manager was an ambassador for the CCG local area. Amongst the tasks she was to attend training and then feedback the learning to other practice managers in the area.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The practice had failed to evaluate and improve their services in relation to the low scores in the national GP patient survey.</p> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:</p>