The Palms Medical Centre

Quality Report

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

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Good
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Palms Medical Centre on 17 March 2016. Overall the practice is rated as requires improvement. 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. The provider was aware of and complied with the requirements of the duty of candour.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment and had expanded the range of services available to patients.
- Patients said they were treated well at the practice and we received positive feedback about the quality of consultations at the practice. The practice scored well on the national GP patient survey for these aspects of care.
- Information about services and how to complain was available at the practice and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns and other forms of patient feedback.
- Patient feedback about accessing the practice by telephone was more negative. The practice scored in the bottom 5% of all practices in England on the national GP patient survey for this aspect of the service.
- Patients could consult a male or female GP and a translation service was available. Urgent appointments were available the same day.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice provided clinics for patients over 75, patients with diabetes, joint injections and fitted intrauterine devices (IUDs).
- There was a clear leadership structure, an open culture and staff said they were well supported. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice was a training and teaching practice.

The areas where the practice must make improvement are:

- The practice must investigate whether it is currently providing reasonable telephone access to the service and make further improvements as required.

The areas where the practice should make improvement are:

- The practice should continue to monitor and improve its performance in relation to the management of diabetes and the uptake of cervical screening among the eligible population.
- The practice should assess its longer term clinical capacity given the recent increase in patient numbers.
- The practice should continue to increase the number of identified carers on its register to ensure their needs are met.

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?

Good

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.

Are services effective?

Requires improvement

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

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average for most indicators although certain key indicators showed the practice's management of diabetes and cervical screening uptake were areas for improvement.
- The practice worked with the local pharmacy prescribing team to provide cost-effective prescribing to its patients.
- 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 liaised with other health and social services professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- The results from the national GP patient survey showed the practice tended to perform close to other GP practices in the local area and nationally for patient satisfaction with the quality of consultations.
- The practice had scored positively on the 'friends and family test' survey.
- Patients we spoke with and who submitted comment cards said they were treated with care and respect by the staff. Patients gave us examples of compassionate and timely care.
- The practice took steps to protect patient confidentiality.

Are services responsive to people's needs?

Requires improvement

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

- The practice reviewed the needs of its population and engaged with the clinical commissioning group to secure improvements to services.
- Most patients said they could obtain urgent appointments when needed. However waits of two weeks or longer were common for routine appointments and patient feedback was negative about the ease of accessing the surgery by telephone.
- The practice did not offer extended hours appointments and was closed on Thursday afternoons. However the practice could refer patients to alternative primary care services which were available to Redbridge residents in the evening and at weekends if required.
- The practice had suitable premises and was appropriately equipped to treat patients and meet their needs.
- The practice had a complaints policy and encouraged comments and suggestions.
- Written information for patients about local services and other health information was displayed in English. The practice had a website with a translation facility.

Are services well-led?

Good

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

- 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 practice meetings.

Summary of findings

- 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 provider was aware of and complied with the requirements of the duty of candour. The GP partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous improvement at all levels. Thepractice had a strong learning culture and positively supported

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

Good

The practice is rated as good for the care of older people.

- The practice patient list included around 550 patients aged over 75.
- The practice was responsive to the needs of older people, and offered clinics, longer appointments, home visits and urgent appointments for those with complex needs. The practice was participating in a local initiative "Everyone Counts" which involved offering patients aged over 75, a 20 minute consultation and health check.
- The practice carried out care planning with patients who had more complex needs and had good links with local community services. The practice participated in the local integrated care pathway and participated in multidisciplinary case conferences.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long term conditions.

- Patients with long term conditions had a structured regular review to check their health and medicines needs were being met.
- Longer appointments and home visits were available when needed.
- The practice carried out care planning with patients with complex needs and at risk of unplanned hospital admission.
- The practice monitored its performance in supporting patients with long term conditions through the Quality and Outcomes Framework (QoF). Its performance on some indicators, notably diabetes, was lower than average with scope for improvement. The practice had recently introduced a 'one-stop shop' clinic for diabetic patients to consult with the nurse and their GP but was finding uptake a challenge.
- The practice participated in a clinical commissioning group scheme to encourage newly registering patients to have an HIV test to facilitate early diagnosis.

Families, children and young people

Good

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

Summary of findings

- The practice provided antenatal and postnatal advice including the six-week postnatal check.
- 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.
- The practice was achieving child immunisation targets for babies. However immunisation rates for the pre-school cohort were lower.
- 72% of patients diagnosed with asthma had an asthma review in the last 12 months which was close to the national average of 75%.
- Appointments were available outside of school hours. The premises were suitable for children and included baby changing facilities.
- The practice encouraged patients at risk to have a free chlamydia test.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working age people (including those recently retired and students).

- The practice offered appointments from 8.00am until 5.50pm to meet the needs of working patients. It did not offer 'extended hours' appointments (that is, appointments later in the evening or at weekends) but was able to direct patients to extended primary care services in the locality.
- The practice also offered online appointment booking and an electronic prescription service. Telephone consultations were available daily.
- The practice provided health promotion and screening services reflecting the needs for this age group.
- The practice's cervical screening coverage was 66% which was significantly lower than the national average of 82%.
- The practice provided contraceptive advice and could fit intrauterine devices (IUDs).

People whose circumstances may make them vulnerable

Good

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

Summary of findings

- The practice held a register of patients living in vulnerable circumstances including people with a learning disability and carers. Vulnerable patients were supported to register at the practice, for example homeless patients had registered with a temporary address.
- The practice offered longer appointments for patients with a learning disability or other complex needs and took care to assess whether patients with cognitive or communication difficulties were able to understand the consultation.
- The practice informed vulnerable patients about how to access support groups and voluntary organisations, for example the local carers centre.
- Staff knew how to recognise signs of abuse in vulnerable adults and children and assessed for the risk of coercion or duress, for example when younger patients sought contraceptive advice. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.
- The practice accessed interpreting services for patients who did not speak English.
- The practice was developing its palliative care using a colour coding system to ensure patients received the most appropriate care at each stage of illness. All staff had undertaken training on this.

People experiencing poor mental health (including people with dementia)

Good

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

- Patients with mental health problems were prioritised for emergency appointments.
- 93% of patients on the practice mental health register had a documented care plan. The practice also offered these patients an annual face-to-face review.
- The practice liaised with specialist mental health teams to support patients experiencing poor mental health and following discharge from hospital. The practice was aware of the local mental health crisis pathway.
- The practice referred patients with mental health and substance misuse problems to specialist services in the area
- The practice signposted patients experiencing poor mental health to various support groups and voluntary organisations.
- 29 of 36 patients with dementia (81%) had attended a face to face review at the practice in the previous year. This was in line with local and national performance.

Summary of findings

- The practice liaised with a local pharmacy, patients and carers to provide dispensing aids, such as dosette boxes, where these were likely to be helpful, for example for some patients diagnosed with dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016 Questionnaires were sent to 319 patients and 113 were returned: a completion rate of 35% (that is, 1.5% of the patient list). The results showed the practice tended to perform below other GP practices in the local area and the national average particularly in terms of the experience of making an appointment. Patient ratings of the quality of consultations tended to be much closer to the clinical commissioning group (CCG) average.

- 20% of patients found it easy to get through to this practice by phone compared to the CCG average of 53% and the national average of 73%.
- 75% 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 77% and the national average of 85%.
- 45% describe their experience of making an appointment as good compared to the CCG average of 59% and the national average of 73%.
- 96% had confidence and trust in the last GP they saw or spoke to compared to the CCG average of 93% and the national average of 95%.
- 75% say the last GP they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- 48% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards. We also spoke with three patients.

The patient feedback we received was positive with all patients praising the quality of care and the professionalism of the staff. Patients described the GPs and practice nurse as caring and said they were listened to and never rushed. Patients also commented on the helpfulness of the receptionists.

Patients who participated in the inspection were also generally positive about the ease of obtaining an appointment although several commented that they sometimes had to wait too long for routine appointments. Some patients said they had noticed recent improvements to telephone access at the surgery.

Areas for improvement

Action the service MUST take to improve

- The practice must investigate whether it is currently providing reasonable telephone access to the service and make further improvements as required.

Action the service SHOULD take to improve

- The practice should continue to monitor and improve its performance in relation to the management of diabetes and the uptake of cervical screening among the eligible population.
- The practice should assess its longer term clinical capacity given the recent increase in patient numbers.
- The practice should continue to increase the number of identified carers on its register to ensure their needs are met.

The Palms Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector**.** The team included a GP specialist adviser.

Background to The Palms Medical Centre

The Palms Medical Centre provides NHS primary medical services to around 7800 patients through a general medical services contract. The service is provided from one site, from a purpose built health centre.

The current practice staff team comprises two GP partners (male and female), two salaried GPs (male and female), a part-time practice nurse and a health care assistant. The practice also employs a practice manager and receptionists and administrators.

The practice is open from 8.00am until 12.30pm every weekday and from 1.30pm until 6.30pm on Monday, Tuesday, Wednesday and Friday. Appointments are available until 5.50pm on these days.

The practice offers online appointment booking and an electronic prescription service. The GPs make home visits to see patients who are housebound or are too ill to visit the practice.

When the practice is closed, patients are advised to use a contracted out-of-hours primary care service if they need urgent primary medical care. The practice provides information about its opening times and how to access urgent and out-of-hours services in the practice leaflet, website and on a recorded telephone message.

The practice has a similar practice population profile to the English average with around 6% of practice patients being below the age of four and 7% being aged over 75. The local population is ethnically diverse, for example at the last census around 27% of the local population were black or Asian by ethnicity. The local area is more affluent than the English national average with generally similar prevalence levels for most health conditions. However the prevalence of diabetes in the practice population is 7.6% which is higher than the national and Redbridge averages.

The practice provides training posts and placements for trainee GPs and undergraduate medical students. One GP trainee was in post at the time of the inspection.

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

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. This inspection assessed whether the registered 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.

We previously inspected this practice in December 2013. We found it was meeting the standards we inspected against at that time.

Detailed findings

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 17 March 2016. During our visit we:

- Spoke with a range of staff (the GP partners, a salaried GP, the practice nurse, the health care assistant, practice manager and members of the reception team). We spoke with three patients who used the service and two members of the patient participation group.
- Observed how patients were greeted and treated at reception.
- Reviewed an anonymised sample of personal treatment records and care plans of patients.
- Reviewed 15 comment cards where patients shared their views and experiences of the service.
- Reviewed a wide range of practice policy documents, protocols and performance monitoring and audits.
- Observed and inspected the environment, facilities and equipment.

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.

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff informed the practice manager or GP partners of any incidents or significant event. The member of staff concerned was responsible for completing a recording form on the practice computer system and the incident was discussed and any action points or learning shared with the wider staff team. 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, affected patients were invited to meet with the GPs and practice manager and were told about any actions to prevent the same thing happening again. The practice kept a record of all correspondence.
- The practice analysed significant events and maintained a log on the computer system for future reference.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings at which incidents were discussed. Lessons were shared and action was taken to improve safety in the practice. For example, following a near miss involving data security, the staff team reviewed the procedure for logging in locum staff. The practice set up a secure online system for managing this process avoiding the need to print out login details.

The practice manager forwarded relevant electronic safety alerts to the doctors as a reminder but there was no additional process to check that any necessary action had been implemented in response.

Overview of safety systems and processes

The practice had defined and embedded systems, processes and practices in place to safeguard patients 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 provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3.
- Notices in the waiting and consultation rooms advised patients that chaperones were available. The doctors told us they also verbally offered a chaperone before any intimate examination. 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. One of the GP partners was the infection control clinical lead and the practice nurse and health care assistant had day to day responsibilities for monitoring infection control. The practice had infection control policies in place and staff had received up to date training. Annual infection control audits were undertaken.
- The practice managed medicines safely including the emergency medicines and vaccines that were stored on the premises. The practice had systems in place governing prescribing, repeat prescribing, recording, handling and the safe storage of medicines. The practice did not keep controlled drugs on the premises.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines. The practice repeat prescribing policy was accessible to staff and patients. Prescription pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions (PGDs) had been adopted by the practice to allow the practice 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. The health care assistant was trained to administer the flu vaccine and vitamin B12 against a patient specific direction (PSD) from the GPs. PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.

- We reviewed a sample of the practice recruitment files and found appropriate recruitment checks had been undertaken prior to employment for clinical and non clinical staff and locums. Checks included proof of identity, 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. The practice had a comprehensive health and safety policy and displayed information identifying the local health and safety representatives. The practice had an up to date fire risk assessment including an evacuation plan and carried out regular fire safety checks. 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.
- Arrangements were in place for planning and monitoring the immediate number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for the different staffing groups to ensure enough staff were on duty. The practice had experienced significant levels of staff sickness over the previous six months and had recruited an apprentice receptionist into a permanent post and ensured that clinical sessions and home visits were covered. The practice had also designated staff members solely to answering the telephone at busy times of day. The practice had recently experienced an increase in patients due to the closure of another practice nearby but had no plans to increase the provision of GP or practice nurse sessions in the longer term.

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 had recently been updated to reflect changes in emergency contact numbers.

Requires improvement

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 discussion with colleagues, audits and 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 most recent published results were 92.9% of the total number of points available. The practice had consistently low rates of exception reporting. (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).

Data from 2014/15 showed:

- Performance for certain key diabetes related indicators were lower than the local and national averages. For example, the percentage of diabetic patients whose blood sugar levels were adequately controlled (that is,their most recent HbA1c measurement was 64 mmol/mol or below) was 63% compared to the CCG average of 70% and the national average of 78%. The percentage of diabetic patients whose most recent blood pressure reading was in the normal range was 73% which was closer to the CCG and national averages of 78%.
- 93% of patients on the practice mental health register had a documented care plan. The practice also offered these patients an annual face-to-face review.
- The practice had a lower than expected prevalence of patients diagnosed with chronic obstructive pulmonary disease (COPD). The practice prevalence rate was 0.17 compared to the CCG average of 0.35 and the national average of 0.63. The practice was aware of this and had recently introduced in-house spirometry testing to ensure that COPD was not going undiagnosed or being mislabelled as asthma.

There was evidence of quality improvement including clinical audit.

- The practice participated in local audits and benchmarked its performance against other practices in the locality.
- The practice had completed a range of clinical audits in the last two years. These were mostly single cycle audits but the practice had completed a two-cycle audit on the use of antipsychotic medicines with patients with dementia. The initial audit cycle identified a small number of patients with dementia who had been prescribed antipsychotic medicines to reduce behavioural problems. This practice is not in line with current guidelines. The re-audit showed that the practice had reviewed and stopped this prescribing in each case. There were now no patients with dementia on these medicines.
- Other audit work had not resulted in change but had confirmed that the practice was operating in line with current guidelines, for example in its approach to the secondary prevention of coronary heart disease. That is treatment, prescribing and lifestyle and educational interventions offered to patients who had experienced a heart attack or other symptoms such as angina.

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.
- 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, mentoring, and facilitation and support for revalidating GPs and nurses. Staff were encouraged to attend local NHS meetings and forums where relevant. All staff had received an appraisal within the last 12 months.
- 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.
- 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, for example, practice policy was to always follow up patients with a learning disability following a hospital discharge. 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.

The practice also regularly met the local pharmacy advisors to identify prescribing updates and improvements and used online prescribing decision support software to encourage cost-effective prescribing.

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 assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.
- The practice had improved its data collection process to more comprehensively and accurately identify patients' carer and next of kin details.

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. The practice nurse had been trained on smoking cessation. Patients were also signposted to relevant community and voluntary services.
- A smoking cessation advisor held a weekly clinic at the practice.

The practice's coverage for the cervical screening programme was 66%, which was markedly lower than the CCG average of 79% and the national average of 82%. The practice told us they had recently identified a particular challenge in persuading patients who were newly arrived to the UK to come for a smear test but were yet to target this group with additional information. The practice ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and uptake rates were similar to the CCG average. 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 high and above target for the youngest age cohort. For example over 90% of children under two had received

Requires improvement

Are services effective?

(for example, treatment is effective)

the 'five-in-one' vaccination. Uptake in the older age groups tended to be slightly lower, for example 88% of eligible children under five received the MMR booster vaccination.

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. If these checks identified significant risk factors or other abnormalities, the patient was offered a consultation with the GP for further investigation and review.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were pleasant and helpful to patients and treated them with 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 told us they could offer patients a private area to discuss their needs if patients wanted to discuss sensitive issues or appeared distressed.

The patient feedback we received from the comment cards and interviews was very positive with all participating patients praising the quality of care and the professionalism of the staff. Patients described the GPs and practice nurse as kind and willing to listen and not rush patients.

The results showed the practice tended to perform in line with other GP practices in the local area and the national average for the quality of consultations.

- 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%.
- 96% 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%.
- 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%.
- 86% of patients said the nurse was good at listening to them compared to the CCG average of 83% and the national average of 91%.
- 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 monitored the results of the 'friends and family' survey. Again positive comments tended to focus on the kindness of the staff.

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 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.

Results from the national GP patient survey showed patient scored their involvement in decisions about care again tended to be in line with the local and national averages. For example:

- 75% 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%.
- 75% 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%.
- 79% 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 population was ethnically diverse. The practice provided facilities to help patients communicate effectively with the staff and be involved in decisions about their care:

- Translation services were available for patients who did not have English as a first language but we were told that most patients preferred to bring someone known to them to translate. The practice website included a translation facility.

The practice did not allow children under 16 to act as interpreters for family members.

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 for emotional support. There was little information available on the practice website however.

The practice's computer system had the facility to alert staff if a patient was also a carer. The practice had to date identified 10 carers (<1% of the practice list). The practice recognised this was likely to be an underestimate of the

Good

Are services caring?

true number of carers and an area for further action. Patients who were known to be carers were offered the flu vaccination, an annual review and were involved in their family members' care where appropriate. Written information was available to direct carers to social services support and other sources of support.

The practice wrote to patients following a bereavement and offered a consultation. Patients in this situation were referred to specialist bereavement counselling services if they wanted this support.

Requires improvement

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 population and engaged with the clinical commissioning group to secure improvements to services.

- The practice offered appointments until 5.50pm four days a week so the service was accessible to children outside of school hours and patients who worked locally. The practice did not offer extended hours appointments (that is, appointments available later in the evening or on weekends) but was able to refer patients to alternative primary care services open at these times and available to patients resident in Redbridge.
- There were longer appointments available for patients with communication difficulties or who had complex needs.
- 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 patients with urgent medical problems.
- Patients were able to receive a range of commonly required travel vaccinations. The practice displayed information explaining which vaccinations were available on the NHS and the fees charged for vaccinations which were only privately available.
- The practice had disabled facilities and translation services although we were told that in practice, most patients preferred to arrange their own interpreter. The practice also had baby changing facilities.
- All consultation rooms and the patient toilet were located on the ground floor and were accessible to patients with mobility difficulties.

Access to the service

The practice was open from 8.00am until 12.30pm every weekday and from 1.30pm until 6.30pm on Monday, Tuesday, Wednesday and Friday. Appointments were available until 5.50pm on these days.

Results from the national GP patient survey showed that patient satisfaction with access to the service tended to be lower than the local and national averages.

- 67% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 20% of patients said they could get through easily to the practice by phone compared to the CCG average of 53% and the national average of 73%.
- 75% 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 77% and the national average of 85%.

We reviewed the practice appointment system and found that there was a two week wait for routine GP consultations at the time of the inspection and this could be longer if patients wanted to see a specific doctor. The practice had experienced a period of staff sickness which may have contributed to access issues. Patients told us they could get an early appointment if they had an urgent problem. The practice did not have plans to review its longer term staffing levels in relation to patient demand aside from expressing a desire to expand the number of practice nurse sessions offered.

The practice told us they had experimented with a telephone triage system some years earlier but this had not reduced the pressure on appointments. The practice had, the year before, dedicated more staff to answering the telephones at busy times of day and more recently introduced a telephone system which informed patients of where they were in the queue. These improvements were not yet reflected in the survey results however with the practice falling within the bottom 5% of all practices in England for ease of accessing the surgery by phone. The practice did not have further plans to investigate or address the issue.

The national GP patient survey results also reflected higher than average patient dissatisfaction with delays to appointments and one patient commented on this during our visit.

- 29% of patients felt they did not normally have to wait too long to be seen compared to the CCG average of 43% and the national average of 58%.

We reviewed the appointment system and did not find any systematic pattern of delay. We were told that clinical sessions occasionally overran when patients attended with multiple or complex problems.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

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 done by asking patients or carers to request home visits early in the day wherever possible to allow 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.

The practice carried out around three home visits per week on average. One GP was taking the lead for home visits, and their working pattern was designed to take account of this.

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.

The practice had received complaints in the last year. The practice had a complaints lead and a clear complaints policy which included offering patients a written apology and clear timelines for the practice to acknowledge, investigate and respond to complaints. We were told that complaints would be reviewed to identify any lessons and action was taken as a result to improve the quality of care. For example, the practice told us that in the past they had put on additional staff training following patient complaints about poor communication.

The practice had a complaints leaflet with information about how to make a complaint for patients and also included information about this on the website which could be readily translated.

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 vision was to provide high quality care in a supportive learning environment. The practice partners told us their immediate goal was to improve patient satisfaction with the service. The practice was able to describe a range of improvements for example, they had implemented a queueing facility on the phone system but the changes had not yet resulted in significantly improved patient satisfaction figures. Staff members were clear about the vision and their responsibilities in relation to it.

- The practice had a strategy and supporting business plans which were regularly monitored at partners' meetings. The practice manager and the GP partners met regularly to review and respond to any business matters as they arose.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care:

- 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 on the computer system.
- There was a comprehensive understanding of the performance of the practice. Benchmarking information and clinical audit was used routinely to understand performance in comparison to other practices within the same locality and the clinical commissioning group area.
- The practice was aware of areas of performance that were above or below local and national norms. We saw evidence of action taken to improve, for example the introduction of 'one-stop shop' clinics enabling diabetic patients to consult with both the nurse and the GP at one visit.
- The practice had experienced increased levels of patient demand over time and, following an unsuccessful trial with telephone triage, had responded by making a high proportion of appointments available on the day for patients with more urgent problems. However, this system was undermined by the difficulties patients experienced in trying to get through to the practice to book an appointment by telephone. Only around 10% of patients had access to the online booking system. The practice had taken some action to improve telephone access but this had not yet resolved the problems. The practice had not systematically reviewed whether it had sufficient clinical capacity even though it had recently seen a sharp increase in the number of newly registered patients.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care.

- The practice held a range of staff meetings including partners meetings, staff meetings and educational seminars. Trainee doctors also attended the patient participation group to discuss topics of interest to the patient group. Staff members told us that informal clinical discussion between meetings was also encouraged. Meeting minutes were kept for future reference and to check that outstanding actions had been completed.
- Staff said they felt respected, valued and supported by the partners in the practice and the practice manager.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues.
- The practice was able to provide examples showing that it complied 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).
- The practice shared information and learning within and outside the team. The practice was an active member of its local network of GP practices. The practice regularly attended locality meetings and took advantage of available locality resources, for example, training and educational events.

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

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

- The practice had an active patient participation group with both older and younger members. Around 10 members usually attended meetings. The patient group had been involved in reviewing the practice patient

Are services well-led?

Good

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

feedback action plans. The patient group members we spoke with described the practice as responsive to feedback and were able to give examples of improvements made as a result of their input, for example to the reception and waiting room layout.

- The results of patient feedback surveys and the practice response were displayed in the waiting room for any patients who were interested. The practice was developing a newsletter to engage patients more widely.
- The practice also gathered patient feedback through, the 'friends and family' survey, complaints, ad hoc comments, complaints and suggestions and comments and reviews posted on publicly available websites. Although we noted that the practice was open to patient feedback, it had failed to satisfactorily address the consistent, negative patient feedback about ease of telephone access to the service despite making several improvements to the system. This needed further review.
- The practice gathered feedback from staff through appraisals and staff discussion and training feedback.
- Staff told us they would feel comfortable giving feedback and could raise any concerns with the practice manager or their GP trainer.

Continuous improvement

There was a focus on learning and improvement within the practice. For example, the practice took advantage of protected study time to attend CCG learning events and was proud of its status as a training and teaching practice. One of the salaried GPs had also recently qualified as a GP trainer.

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met** The practice had not satisfactorily improved ease of access to the service by telephone despite longstanding patient dissatisfaction with this aspect of the service.