

Oak Tree 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?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



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 Oak Tree Medical Centre on 21 November 2016. Overall the practice is rated as Requires Improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, Medicines and Healthcare Regulatory Agency alerts were not always acted upon and the necessary patient checks were not completed.
- High risk medicines monitoring did not always take place and repeat prescriptions were issued without the relevant checks being undertaken.
- Not all clinical staff completed patient medical notes in full, therefore the practice could not ensure the correct information regarding patients' consultations and treatment was accurately reflected in their notes.
- Risks to patients were assessed and well managed.

- Data showed patient involvement was low compared to the national average.
- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to.
- Information about services was available.

The areas where the provider must make improvements are:

- Care and treatment must be provided in a safe way and the practice must take the relevant action following the receipt of MHRA alerts, doing all that is reasonably practicable to mitigate any risks.
- Ensure the proper and safe management of medicines in that there are processes in place for handling repeat prescriptions which include the review of high risk medicines before they are prescribed to patients.
- Maintain an accurate, complete and contemporaneous record in respect of each

Summary of findings

patient, including a record of the care and treatment provided and of decisions taken in relation to the care and treatment provided.

- Persons employed must receive appropriate clinical updates required for their role.

The areas where the provider should make improvement are:

- Improve the identification of carers to ensure their needs are known and can be met.
- Ensure the safe management of prescriptions.
- To provide children's oxygen masks.

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 requires improvement for providing safe services.

- MHRA alerts were not acted upon and relevant patient checks were not undertaken.
- Robust processes were not in place for handling repeat prescriptions.
- There was not a policy for the management of uncollected prescriptions.
- 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. All staff had received the appropriate level of safeguarding training for their role.
- Risks to patients were assessed and well managed. Regular fire drills were carried out.

Requires improvement



Are services effective?

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line or lower compared to the national average.
- Patient medical records were not always completed in full.
- Although most staff had the skills, knowledge and experience to deliver effective care and treatment, one practice nurse had not received training in spirometry and was performing the procedure. They had also not received updates in asthma and COPD and was the lead nurse for these two 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.

Requires improvement



Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

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

- Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. However, the practice's achievement was lower than the Clinical Commissioning Group (CCG) and national averages for its satisfaction scores for several aspects of care. For example, 59% 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 79%.
- Most 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.

Requires improvement



Are services responsive to people's needs?

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

- 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.
- Urgent appointments were available the same day.
- 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 requires improvement for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Requires improvement



Summary of findings

- 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.
- Although there was an overarching governance framework to support the delivery of the strategy and good quality care, this did not include 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.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- 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 requires improvement for the care of older people.

- 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.
- An alert on patient records highlighted elderly patients who were particularly vulnerable.

Requires improvement



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- There were alerts for long term conditions on patient records.
- 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.
- The practice had online appointment booking and prescription requests.

Requires improvement



Families, children and young people

The practice is rated as requires improvement or the care of families, children and young people.

- 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.

Requires improvement



Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies. Children and babies were prioritised for same day appointments.
- We saw positive examples of joint working with midwives and health visitors.
- A range of family planning services were provided.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Same day appointments were available.
- The practice was open from 8.00am to 8.00pm Tuesday and Wednesday and from 8.00am to 7.20pm Monday and Friday to accommodate working people.
- Telephone consultations were available.

Requires improvement



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances. There was also an alert on the patient records where a patient was identified as vulnerable.
- The practice also worked with a local homeless project who supported vulnerable homeless individuals. They had registered 21 individuals from the project to improve their access to local healthcare and had completed their healthchecks and signposted them to additional support services.
- The practice had registered patients with alcohol and substance misuse, working as part of the local substance misuse service and provided a GP shared care service to improve access and address other medical problems for this patient group.
- The practice offered longer appointments for patients with a learning disability and had completed annual health checks for them.

Requires improvement



Summary of findings

- 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.

People experiencing poor mental health (including people with dementia)

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

- 90% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015). This was comparable to the CCG average of 89% and the national average of 88%.
- Patients with severe mental health conditions were offered weekly appointments with a named GP and were also referred to the local counselling service.
- 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.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published on 6 January 2016. The results showed the practice was performing in line with local and national averages. Three hundred and twelve survey forms were distributed and 102 were returned. This represented 0.32% of the practice's patient list.

- 23% of patients found it easy to get through to this practice by phone compared to the national average of 72%.
- 42% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 75%.
- 61% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 59% 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 79%.

The practice acknowledged the large variation in their figures compared to the national average and had in July 2016 implemented a new telephone system to improve patient access and improve the patient experience. They were also actively recruiting for Patient Participation Group (PPG) members to encourage engagement with patients.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards, 22 of which were positive about the standard of care received and eight were negative. We spoke with two PPG members who commented on the kind and caring nature of all staff and stated that they were treated with dignity and respect.

Areas for improvement

Action the service **MUST** take to improve

- Care and treatment must be provided in a safe way and the practice must take the relevant action following the receipt of MHRA alerts, doing all that is reasonably practicable to mitigate any risks.
- Ensure the proper and safe management of medicines in that there are processes in place for handling repeat prescriptions which include the review of high risk medicines before they are prescribed to patients..

- Maintain an accurate, complete and contemporaneous record in respect of each patient, including a record of the care and treatment provided and of decisions taken in relation to the care and treatment provided.
- Persons employed must receive appropriate clinical updates required for their role.

Action the service **SHOULD** take to improve

- Improve the identification of carers to ensure their needs are known and can be met.
- Ensure the safe management of prescriptions.
- To provide children's oxygen masks.

Oak Tree Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP specialist adviser.

Background to Oak Tree Medical Centre

The practice is based at 273-275 Green Lane, Ilford, IG3 9TJ. The practice is situated in a residential area and car parking was available to the front of the premises. The practice was well served by local buses. Oak Tree Medical Centre is a modern, purpose built building.

The practice staff includes two GP partners (both male) and four salaried GPs (three females and one male), one locum GP (female), two nurse practitioners and one practice nurse (all female), two of which were Independent Nurse Prescribers, a healthcare assistant (female) a practice manager and 15 reception/administrative staff. The practice is a training practice.

The practice was open from 8.00am to 8.00pm Tuesday and Wednesday and from 8.00am to 7.20pm Monday and Friday. Appointments were within these hours. Outside of these hours, cover was provided by the out of hours GP service which operated from 7.00pm to midnight and midnight to 8.00am, seven days a week and the NHS 111 service.

Oak Tree Medical centre is one of a number of GPs covered by Redbridge Clinical Commissioning Group (CCG). It has a practice list of around 12389. The practice's patient population has an above average number of adults aged from 15 to 44 years. The practice's patient population has

an above average number of 18 years olds and under, and below average of adults aged over 85 years. In terms of deprivation, the London Borough of Redbridge is in the fifth most deprived decile.

The practice provides the following regulated activities from 273-275 Green Lane, Ilford, IG3 9TJ and served a Personal Medical Services Contract.

- Treatment of disease, disorder or injury;
- Surgical procedures;
- Maternity and midwifery services;
- Family planning;
- Diagnostic and screening procedures

The practice had not been inspected before.

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.

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 21 November 2016. During our visit we:

- Spoke with a range of staff including GPs, practice nurses and reception/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, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident where a discrepancy was identified regarding blood test monitoring for a patient who was prescribed methotrexate (a medicine used for a variety of conditions), the incident was recorded as a significant incident although no adverse harm was caused. However, we saw the practice used this as an opportunity to reflect and change practice and the incident was discussed at the weekly clinicians meeting as well as the monthly practice meeting and the policy on methotrexate prescribing was changed and shared with all prescribers.

National patient safety alerts were received by the practice manager and were passed on to the

GPs. For example, we saw an alert on the insulin pump system (a medicine used for diabetes) which was disseminated to all the GPs and alerts were discussed at clinical meetings. However, we did not see evidence of how the alerts were acted upon by clinical staff and there was no audit trail in the minutes to evidence this. For example, the practice had received an alert on Hyperkalaemia risk

with Spironolactone in combination with renin-angiotensin system medicines (medicines used for high blood pressure and heart failure) in February 2016 and patients on this combination of medicines had not been monitored. An MHRA alert on Nexplanon (etonogestrel) contraceptive implants had not been actioned by the provider.

Oak Tree Medical Centre had not responded to this alert and had not ensured patients who may have been affected had been reviewed.

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. All the GPs also attended in-house safeguarding case protection and child at risk meetings with the Health Visitor. 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 three, practice nurses to level two and non-clinical staff to level.
- A notice in the waiting room and consulting rooms advised patients that chaperones were available if required. Information about chaperones was available in the practice leaflet. 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. There were two nurse practitioners who were the infection control clinical leads who liaised with the local infection prevention teams to keep up to

Are services safe?

date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and the last audit was in July 2015 and the compliance score was 96%. We saw evidence that action was taken to address any improvements identified as a result, for example all GP examination and treatment rooms had been fitted with wall mounted liquid soap and elbow mixer taps.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always keep patients safe (including obtaining, recording, handling, storing, security and disposal).
- 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. We found processes were not consistent for handling repeat prescriptions including the review of high risk medicines. For example out of the 17 patient notes we examined, 4 patients who were on anticoagulants had not received a blood test to measure how long it took for the blood to clot (patients are at high risk of clotting levels when on anticoagulants). The prescriber did not have sight of the results when they prescribed. The practice did not have a policy for the management of uncollected prescriptions. We found 13 uncollected prescriptions, two dating back to June 2016. The practice had not contacted the patients to inform them their prescriptions had not been collected.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Two of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They both received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs provide a legal framework that allows registered health professionals to supply and/or administer a specified medicine(s) to a pre defined group of patients, without them having to see a GP. The Health Care Assistant was trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber. (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 six personnel files and found. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments with the last risk assessment completed in April 2016 and carried out regular fire drills every six months. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. For example calibration of equipment such as the baby scales, oximeter, and spirometer was completed in July 2016. PAT testing was completed in November 2016. 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). The last Legionella test was completed in March 2016.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Cover for sickness, holidays and busy periods was provided in house. One locum GPs was currently employed to provide cover for a GP who was on maternity leave.

Arrangements to deal with emergencies and major incidents

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

Are services safe?

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All clinical and non clinical staff had 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 masks but not 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. Copies were available on the practice's computer system and in the employee handbook.

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.
- Clinical staff attended monthly protected time initiatives funded by the CCG. They also attended locality meetings which were attended by other local practices. Clinical guidelines and protocols were discussed at both of these meetings. All clinicians fed back summaries of learning from all events they attended at weekly clinical and monthly practice meetings.

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 96% of the total number of points available with a 4.7% exception rate. (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 1 April 2015 to 31 March 2016 showed:

- Performance for diabetes related indicators was similar to the national average. For example the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 79% against the national average of 88%.

- The percentage of patients with diabetes, on the register, who had an influenza immunisation in the preceding 1 August to 31 was 81% against the national average of 94%.
- Performance for mental health related indicators was similar to the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 91% against the national average of 88%.
- There was evidence of quality improvement including clinical audit.
- There had been two clinical audits in the last two years, which were completed audits where the improvements made were implemented and monitored.

The practice participated in local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. Following an audit on minor surgery, the practice had identified the recording of consent had improved. As a result of the anticoagulation audit in 2015, identified an 80% compliance rate with NICE guidance. However, a further audit was required in the prescribing of these medicines as a result of inconsistent practices amongst the clinical team were identified as relevant blood results were not always checked before prescribing.

Information about patients' outcomes was used to make improvements. For example, due to the high prevalence of diabetes in the local area, the practice had 800 patients registered with diabetes, one of the GPs gave an educational talk to diabetic patients, empowering them to be experts in their care. The practice also worked with a local homeless project who supported vulnerable homeless individuals. They had registered 21 individuals from the project to improve their access to local healthcare.

One of the GPs had visited six schools since 2015 in the local area giving regular talks on health education and managing minor ailments, in order to provide information and education on managing healthcare.

The Oak Tree Medical Centre had also registered patients with alcohol and substance misuse, working as part of the local substance misuse service and provided a GP shared care service to improve access and address other medical

Are services effective?

(for example, treatment is effective)

problems for this patient group. Three GPs had undertaken additional training in managing alcohol and substance misuse. This meant more patients could be monitored and supported at the practice rather than at external services.

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 their GPs, for example three of the GPs were trained in drug misuse. All the GPs had been revalidated. All staff had received an appraisal within the last 12 months.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Although staff had access to appropriate training to meet their learning needs and to cover the scope of their work, which included on-going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation, one practice nurse who was the lead for asthma and COPD management had not received an update since 2011. The practice nurse was also conducting respiratory spirometry without receiving the appropriate training.
- All practice nurses had attended regular updates and training in cervical screening and immunisation. All clinical staff were encouraged to attend local monthly protected education events where they received education and updates from the Clinical Commissioning Group (CCG).
- Staff administering vaccines 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.
- 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

Although the information needed to plan and deliver care and treatment was always available to relevant staff in a timely and accessible way through the practice's intranet and also included care and risk assessments, care plans, investigation and test results, this was not always available through the patient record system.

- Out of eight medical notes we examined, two medical notes had no clinical entries. This included one patient who was seen for ear syringing and the second patient was seen but no record of consultation or the reason they were seen was recorded. This was discussed with the practice who acknowledged our findings and informed they would be discussed the matters with their staff team.
- 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 on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Multi-disciplinary team meetings took place on a monthly basis where care plans were routinely reviewed and updated for patients with complex needs. Information was routinely shared with the Health visitors and the Integrated Care Teams.

The practice kept a list of all patients who were at risk of unplanned admissions to hospital. A risk assessment was carried out monthly to identify any new patients to add to the list. These patients were discussed at weekly clinical meetings. All discharges and A&E attendances were reviewed to identify any necessary changes to be made to their care plans. Once the practice became aware of an A&E attendance or discharge, any patients who were on the list were contacted by telephone or seen in person by a GP, practice nurse or the healthcare assistants.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

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.
- The process for seeking consent was monitored through patient record audits.

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 substance misuse. Patients were seen in specialist clinics run by the practice itself or were signposted to the relevant local service. For example the practice ran diabetic clinics.
- Patients and those close to them received support by the centre signposting them to the local counselling Improving Access to Psychological Therapies service. The practice had the highest in referral rate in Redbridge and had made 22 referrals in the last 12 months.
- Patients identified as requiring extra support were flagged on the computer system and prioritised for appointments.

The practice's uptake for the cervical screening programme was 68%, which was lower than the CCG average of 79% and the national average of 81%. The practice informed us that they saw their low QOF score as a challenge, we also noted they had an exception reporting rate of 6% which was comparable to the CCG average of 8%. The practice informed they were training their female GPs to also undertake cervical screening to encourage higher QOF performance. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 80% to 89% and five year olds from 67% to 85%.

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. The practice manager kept lists of patients with conditions such as learning disabilities, mental health and long term conditions. This included the dates reviews were due and whether a referral had been made if the patient had failed to attend their review. 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.

The 30 patient Care Quality Commission comment cards we received from Oak Tree Medical Centre, 22 told us that patients were treated with compassion, dignity and respect. These comment cards highlighted that staff responded compassionately when they needed help and provided support when required. However, eight cards expressed dissatisfaction with the service which related to appointment unavailability, reception staff attitudes and one comment card related to the attitudes of clinical staff. This was discussed with the practice who informed that all their non-clinical staff were in the process of completing customer services training. We would also recommend clinical staff also attend this training.

We spoke with two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was always respected.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice's achievement was in line and some areas lower than the CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 74% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 88%.

- 71% of patients said the GP gave them enough time in line with the CCG average of 81% and the national average of 86%.
- 91% 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%.
- 66% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 72% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 90%.
- 66% of patients said they found the receptionists at the practice helpful compared to the CCG average of 78% and the national average of 86%.

The practice acknowledged admitted the survey results were lower than the CCG and national averages and informed they were actively advertising for PPG members to encourage patient engagement and had also implemented a new telephone system and increased the number of receptionists answering phones during the morning hours to ensure patients were not kept waiting. They were actively exploring ways to improve the patient experience.

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 22 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 did not always respond positively to questions about their involvement in planning and making decisions about their care and treatment. Results were lower than the local and national averages. For example:

- 73% 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?

- 61% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 81%.
- 67% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice accepted the results and was taking action to improve patient engagement by encouraging the number of PPG members.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

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 49 patients as carers (less than 1% of the practice list). A poster on display in the waiting area advised patients to identify themselves to the practice if they were carers. Patients who were carers were flagged on the practice's computer system and prioritised for appointments where necessary. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy letter. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, having recognised the need to increase cervical screening, female patients could book for a screening throughout the week with any of the three nurses and female GPs were also undertaking the training to increase uptake, reducing the need for patients to attend external services.

- The practice offered evening appointments until 7.20pm on Monday and Friday and until 8pm Tuesday and Wednesday for working 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, which were completed by GPs.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open from 8am to 8pm Tuesday and Wednesday and from 8am to 7.20pm Monday and Friday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. Outside of these hours, cover was provided by the out of hours GP service which operated from 7pm midnight, seven days a week and the NHS 111 service. Information about out of hours services was available in the practice leaflet and was on display in the reception area.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 71% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 23% of patients said they could get through easily to the practice by phone compared to the national average of 72%. The practice results had not improved in the July 2016 GP patient survey.

The practice had taken action to address the large variation between the low numbers of respondents finding it difficult to get through on the phone compared to the national average. The practice had also undertaken its own survey with patients and as a result in July 2016 had implemented a new call queuing telephone system, increased the number of receptionists answering the phone during morning hours, administration staff supported receptionist by answering calls, patients were encouraged to book appointments online and there was a separate telephone line patients could call to cancel appointments.

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.

Patients who required a home visit were advised to contact the practice. The GP would then contact 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. The practice advised that children should be brought in to the practice as they would be prioritised for appointments rather than waiting for a home visit. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system. For example, information was available in the practice leaflet which was on display and given to new patients. A comments and complaints box was in reception.

We looked at four complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency.

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, in response to complaints, patients were written to with an apology and a description of the action that would be taken. The complaints were discussed at monthly practice meetings.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

- The practice had a clear vision to provide a high quality and accessible primary healthcare services to their patients.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which did not always support the delivery of the strategy and good quality care. There were some 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, however a policy was required on the safe management of prescriptions.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. However, further auditing was required of patient medical records to ensure all staff were completing them in full and of the repeat prescribing processes for patients who were prescribed high risk medicines to ensure they were monitored.
- There were not always robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example MHRA alerts were not always acted upon and the relevant checks on the patients concerned were not always undertaken.
- One member of the nursing team had not received the relevant training required for their role.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the capacity and capability to run the practice and ensure good 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. However, the management of the practice needed to implement stronger governance frameworks to ensure the quality of service.

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 GPs in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Staff were encouraged to develop their careers and were well supported by the practice management to do so.

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

Results from the national GP patient survey showed the practice's achievement was lower than the national averages for its satisfaction scores on consultations with GPs and nurses. For example, 66% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%. 23% of

Are services well-led?

Requires improvement 

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

patients said they could get through easily to the practice by phone compared to the national average of 72%. The practice results had not improved in the July 2016 GP patient survey.

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had been involved in the implementation of a new telephone line system to improve patient access.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. Examples included a focus on providing better healthcare for vulnerable groups including the homeless and those with alcohol and drug misuse.

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 | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not ensure that care and treatment was provided in a safe way and the practice did not take the relevant action following the receipt of MHRA alerts, doing all that was reasonably practicable to mitigate any risks.</p> <p>Ensure the proper and safe management of medicines in that there are processes in place for handling repeat prescriptions which include the review of high risk medicines before they are prescribed to patients.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |

| Regulated activity | Regulation |
|--|---|
| Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures 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 registered person did not ensure that they maintained an accurate, complete and contemporaneous record in respect of each patient, including a record of the care and treatment provided and of decisions taken in relation to the care and treatment provided.</p> <p>Patient medical records were not consistently completed in full by all clinical staff.</p> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> |

This section is primarily information for the provider

Requirement notices

Regulated activity

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

The registered person did not ensure that persons employed received appropriate clinical updates required for their role.

This was in breach of regulation 18(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014