

# Green Man 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

Good 

Are services safe?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Green Man Medical Centre on 17 November 2016. The overall rating for the practice was requires improvement. The full comprehensive report published in January 2017 can be found by selecting the 'all reports' link for Green Man Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 20 July 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 17 November 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.

- The practice had clearly defined and embedded systems to minimise risks to patient safety, including a fire risk assessment and regular alarm testing and fire drill as well as an infection control audit and a legionella assessment.
- All staff members had completed training relevant to their role including safeguarding and chaperone training and there was a system in place for ensuring staff members remained up to date.
- All staff members had received the appropriate checks through the disclosure and barring service (DBS).
- The practice had identified 61 patients as carers (1% of registered patients).
- Information about services and how to complain was available and the practice regularly held health promotion days. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had established a patient participation group that met every three months.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

# Summary of findings

**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?

**At our previous inspection on 17 November 2016, we rated the practice as requires improvement for providing safe services as the arrangements in infection control, staff training, emergency equipment testing and staff disclosure and barring service checks were not adequate.**

**These arrangements had significantly improved when we undertook a follow up inspection on 20 July 2017. The practice is now rated as good for providing safe services.**

- From the sample of documented examples we reviewed, we found there was an effective system 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 were informed as soon as practicable, 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.
- Patient safety alerts and new clinical guidelines were a standing agenda item at all clinical meetings.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- All staff had completed mandatory training relevant to their role including safeguarding and chaperone training.
- The practice had good arrangements to respond to emergencies and major incidents.
- All staff had received the appropriate checks through the disclosure and barring service (DBS).

Good



### Are services well-led?

**At our previous inspection on 17 November 2017, we rated the practice as requires improvement for providing well-led services as there was no patient participation group and systems and processes were not effective.**

**These arrangements had significantly improved when we undertook a follow up inspection on 20 July 2017. The practice is now rated as good for being well-led.**

Good



# Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual appraisals and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In two examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

# 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 provider had resolved the concerns for safety and well-led identified at our inspection on Day Month Year which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

The provider had resolved the concerns for safety and well-led identified at our inspection on Day Month Year which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Families, children and young people

The provider had resolved the concerns for safety and well-led identified at our inspection on Day Month Year which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Working age people (including those recently retired and students)

The provider had resolved the concerns for safety and well-led identified at our inspection on Day Month Year which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety and well-led identified at our inspection on Day Month Year which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety and well-led identified at our inspection on Day Month Year which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Green Man Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, who was supported by a GP specialist advisor.

## Background to Green Man Medical Centre

The Green Man Medical Centre is located in a purpose built building which used to be a mental hospital within a residential area of East London with good transport links. The practice is a part of Waltham Forest Clinical Commissioning Group.

There are approximately 5300 patients registered with the practice, the practice has approximately 12% more than the national average number of patients aged 25 to 44.

The practice has one male and one female GP partner completing 16 sessions per week, one female practice nurse completing six sessions per week, a practice manager and eight reception/administration staff members.

The practice operates under a General Medical Services Contract (GMS) (a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract).

The practice is open Monday to Friday between 8:00am and 6:30pm; the phone lines are open from 8:30am.

Appointment times are as follows:

- Monday 8:10am to 12:10pm and 4:00pm to 6:00pm
- Tuesday 8:10am to 1:00pm and 4:00pm to 6:00pm

- Wednesday 8:10am to 1:00pm and 4:00pm to 6:00pm
- Thursday 8:10am to 1:00pm Closed
- Friday 8:10am to 1:00pm and 4:00pm to 6:00pm

The out of hours provider covers calls made to the practice whilst it is closed.

The Green Man Medical Centre operates regulated activities from one location and is registered with the Care Quality Commission to provide treatment of disease, disorder or injury, surgical procedures, diagnostic and screening procedures, family planning and maternity and midwifery services.

## Why we carried out this inspection

We inspected this service as part of our comprehensive programme in November 2016; the overall rating for this practice was requires improvement. The full comprehensive report published in January 2017 can be found by selecting the 'all reports' link for the Green man medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We carried out a focussed follow up 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. We carried out an announced visit on 20 July 2017. During our visit we:

- Spoke with a range of staff including GPs a manager and a practice nurse.

- Reviewed the practice's action plan, which was made as a result of the outcomes inspection in November 2016.
- Looked at information the practice used to deliver care and treatment plans.

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

**At our previous inspection on 17 November 2016, we rated the practice as requires improvement for providing safe services as the arrangements in infection control, staff training, emergency equipment testing and staff disclosure and barring service checks were not adequate.**

**These arrangements had significantly improved when we undertook a follow up inspection on 20 July 2017. The practice is now rated as good for providing safe services.**

### Safe track record and learning

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

- The practice manager was the lead member of staff who handled all significant events in the practice. There was an incident book and recording form available on the practice's computer system, the 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).
- From the sample of two documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events and had documented two significant events since the previous inspection.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we viewed a significant event about a GP who noticed an entry in a patients' clinical record that did not belong to them. We saw that the practice contacted the patient, explained what had happened and

apologised whilst amending the entry. This incident was discussed in a practice meeting where the importance of making sure that notes were entered into the correct record was reiterated.

### Overview of safety systems and process

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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 GP lead for safeguarding. We were told that the GPs always provided reports to other agencies when necessary.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child safeguarding level three and non-clinical staff members were trained to level one.
- There was a chaperone policy and notice displayed in the waiting room and all clinical rooms advising patients of the chaperoning service and that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead and was supported by the practice manager who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. There had been a recent IPC audit undertaken and we saw evidence that action was taken to address any improvements identified as a result.

## Are services safe?

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGD's are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out annual fire drills and weekly fire alarm testing. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.

- The practice had a variety of other risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. All staff booked annual leave in advance and there was a rota system to ensure enough staff were on duty to meet the needs of patients.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in the practice 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 carried out weekly checks to ensure it was in good working order. Oxygen with adult and children's masks and 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 for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and copies were held by staff members outside of the premises in case of restricted access to the building.

# Are services well-led?

Good 

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

## Our findings

**At our previous inspection on 17 November 2017, we rated the practice as requires improvement for providing well-led services as there was no patient participation group and systems and processes were not effective.**

**These arrangements had significantly improved when we undertook a follow up inspection on 20 July 2017. The practice is now rated as good for being well-led.**

### Vision and strategy

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

- The practice had a mission statement which was displayed in staffing areas and staff understood the values.
- The practice had a clear 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 supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities as well as the roles of their colleagues. GPs and nurses had lead roles in key areas, including long term conditions, safeguarding and infection control.
- Practice specific policies were implemented and were available to all staff on the practices computer system and also in paper copy. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice had a fire risk assessment and an infection control audit. Patient safety alerts were a standing agenda item at practice meetings.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems 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. From the sample of two documented examples we reviewed we found that the practice had systems 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 and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings and sessional GPs were required to attend clinical meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any

# Are services well-led?

Good 

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

issues at team meetings and felt confident and supported in doing so. We noted team away days were held every 12 months. Minutes were comprehensive and were available for practice staff to view.

- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG

met every three months and submitted proposals for improvements to the practice team. For example as a result of requests from the PPG the practice was looking into increasing choose and book referrals.

- The NHS Friends and Family Test, complaints and compliments received.
- Staff through staff away days and generally through staff meetings, appraisals and discussion.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels in the practice. The practice team was forward thinking and a part of local pilot schemes and successfully carried out a piece of work to improve patient satisfaction as identified by the National GP Patient Survey.