

Valence Medical Centre

Inspection report

561-563 Valence Avenue
Dagenham
Essex
RM8 3RH
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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 location

Good



Are services caring?

Requires improvement



Overall summary

We carried out an announced comprehensive inspection at Valence Medical Centre (Dr S Z Haider's Practice) on 15 September 2016. The overall rating for the practice was requires improvement.

An announced focused inspection carried out on 8 June 2017 was undertaken to confirm 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 15 September 2016. The overall rating for the practice was good, however caring key question remained rated requires improvement.

The reports on the September 2016 and June 2017 inspections can be found by selecting the 'all reports' link for Valence Medical Centre on our website at .

This inspection was an announced focused inspection carried out on 21 June 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulation that we identified in our previous inspection on 8 June 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Our key findings were as follows:

- The practice had reviewed ways in which patients could access the service, for instance, they recently invested in

a new telephone system. This meant that the practice now had a total of six incoming telephone lines, a call queuing system and calls were recorded and used for monitoring and training purposes.

- The practice had employed two female GPs both working four sessions each per week.
- At the previous inspection, the practice delivered 25 clinical sessions per week; this had increased to 30 sessions when we undertook our follow up inspection.
- At the inspection of June 2017, results from the national GP patient survey showed the practice was rated below national averages for its satisfaction scores on consultations with GPs and patients felt they were not involved in their treatment and care. At this inspection we were unable to use the GP patient survey tool/data to assess improvements as the new data remained unpublished at the time of our inspection. We reviewed summarised in-house patient survey results and found improvements were still needed, consequently, the practice is still rated as requires improvement for providing caring services.

Importantly, the provider must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Population group ratings

Our inspection team

This inspection was undertaken by a CQC inspector.

Background to Valence Medical Centre

Dr SZ Haider's Practice (provider) provides primary care services to approximately 5600 registered patients in the surrounding areas of Barking and Dagenham. The practice comprises a main surgery Valence Medical Centre, 561-563 Valence Avenue, Dagenham, RM8 3RH and a branch practice, Grosvenor Road Surgery, 1 Grosvenor Road, Dagenham, RM8 1NR, which is approximately one and a half miles away. The service is provided through a general medical services (GMS) contract. The practice is registered to provide the following regulatory activities: treatment of disease, disorder or injury; family planning; diagnostic and screening procedures and surgical procedures.

The practice is led by three male GP partners and three locum GPs (2 females, 1 male). In total the GPs typically provides 30 sessions per week. The practice employs two part-time practice nurses, two administrators, six receptionists and one full-time practice manager. The practice has a multilingual staff team and the GPs could also speak additional languages. All management functions are provided from the main surgery; however, all clinical and non-clinical staff work across both sites and patients can attend either site as they wish. The main practice is located in a semi-detached house, which has been converted. The branch surgery is in a smaller house which has also been converted. Both sites have good access for patients with a disability.

The practice has two different incoming telephone lines for the different sites. The telephone lines at Valence

Medical Centre are open from 8.00am to 6.30pm from Monday to Friday. The branch surgery was open from 9am to 6.30pm. Appointments are available from 9am to 11.30am every morning and 4pm to 6.30pm daily. Extended hours appointments were offered on Tuesday and Wednesday at the branch surgery from 6.30pm to 8.00pm. Telephone consultations were available at the end of each clinical session. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them on the day. Out of hours primary care is contracted to a local out of hours care provider. The practice provides patients with information in the practice leaflet and by answerphone about how to access urgent care when the practice is closed.

Information taken from the Public Health England practice age distribution shows the population distribution of the practice was similar to other practices in the CCG with the exception of having approximately 20% more patients aged 65 years and above. The life expectancy of male patients was 77 years, which was the same as the CCG and lower than the national average of 79 years. The female life expectancy at the practice was 82 years, which one year more than the CCG average and one year less than the national average of 83 years.

Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

Are services caring?

At our previous inspection on 8 June 2017, we rated the practice as requires improvement for providing caring services as results from the July 2017 national GP patient survey showed patients rated the practice below national averages for its satisfaction scores on consultations with GPs and patients felt they were not involved in their treatment and care.

At this inspection on 21 June 2018 we were unable to use the GP patient survey tool/data to assess improvements as the new data remained unpublished at the time of our inspection. We reviewed summarised in-house patient survey results and found improvements were still needed, consequently, the practice remain rated requires improvement for providing caring services.

Kindness, respect and compassion

The practice's GP patient survey results were in line with local averages, but below national averages for questions relating to GPs' kindness, respect and compassion. In-house surveys undertaken since our last inspection demonstrated

that further improvements were needed in this area. The management team told us all GPs working in the practice were aware of the results and there were plans for them to attend a customer service training session.

Involvement in decisions about care and treatment

Results from the national GP patient survey showed patients responded positively to most questions about their involvement in planning and making decisions about their care and treatment. However, results showed satisfaction with GP consultations was lower than local and national averages. The practice told us they had tried to address this over the past year by discussing ways in which the GPs could improve the experience of patients using the service. We reviewed summarised in-house patient survey results and found results had improved between September 2017 and March 2018, however further improvements were still needed.

Please refer to the evidence tables for further information.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning 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 had systems or processes in place that operating ineffectively in that they failed to enable the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular:</p> <ul style="list-style-type: none">• The practice had not sought to develop action plans to address underperforming areas as highlighted in the July 2017 GP patient survey as well as bi-annual in-house surveys. <p>This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>