

# Billet Lane Medical Practice

## 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?

Good



Are services caring?

Requires improvement



Are services responsive to people's needs?

Good



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 Billet Lane Medical Centre on 14 September 2016. Overall the practice is rated as requires improvement.

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

- When things went wrong, reviews and investigations were not sufficiently thorough and necessary improvements were not always made.
- Risks to patients were assessed and well managed with the exception of those relating to arrangements for managing high risk medicines.
- Governance arrangements did not always operate effectively. For example, the surgery had a number of policies and procedures to govern activity, but some were overdue a review.
- Arrangements to support carers did not always operate effectively.
- Information about services and how to complain was available and easy to understand. However, it was not clear how improvements were made to the quality of care as a result of complaints and concerns.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and but they were involved in their care and decisions about their treatment.
- Some patients said they found it difficult to make an appointment at times and this was reflected in the patient survey results. However, patients were able to access their names GP and there was continuity of care. Urgent appointments were available the same day.
- There was a clear leadership structure and staff felt supported by management. The practice had begun to seek feedback from staff and patients but processes had not been fully established.
- The provider was aware of and complied with the requirements of the duty of candour.

# Summary of findings

The areas where the provider must make improvement are:

- Ensure that arrangements for managing medicines (obtaining, prescribing, recording, handling, storing, security and disposal) are safe; including systems for ensuring that medicines reviews and repeat authorisation functions are undertaken in accordance with recognised guidelines. In addition, ensure that PGD's (Patient Group Directions) are reviewed, signed and authorised for all locum nurses.
- Ensure all recruitment checks are undertaken for all locum clinicians.
- Ensure that carers are identified and recorded to enable carers to receive appropriate support.
- Ensure policies and procedures and business continuity arrangements are up to date and in line with practice arrangements and published best practice guidelines

The areas where the provider should make improvement are:

- Provide fire wardens with up to date fire warden training.

- Review storage arrangements for emergency medicines to allow staff to easily access them in an emergency.
- Ensure that a process is in place for monitoring the use of prescription pads.
- Consider reviewing how complaints are analysed in the practice to support continuous practice improvement.
- Progress plans to appraise all non clinical staff of their performance to ensure they are appropriately skilled and trained and that their learning and development needs are identified, planned and supported.
- Review arrangements in regard to patient participation to ensure that they support the improvement of quality and delivery of services.
- Continue to progress plans to develop a practice website to help share information about the practice and the services it provides.

**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.

- Systems, processes and practices are not always reliable or appropriate to keep people safe. For example, processes for managing high risk medicines were not always robust and processes for reviewing and reauthorising prescriptions were not failsafe.. Additionally, we found other safety issues including those around Patient Group Directives (PGD's), recruitment, health and safety and fire safety.
- There was a system in place for reporting and recording significant events however, it was not clear how clinical systems were improved as a result of the learning from the incident as this was not always clearly recorded.
- When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded safety systems and processes around safeguarding and infection control.

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective services.

- There was no evidence that non clinical staff members' appraisals and personal development plans had taken place within the last 18 months.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

**Good**



### Are services caring?

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

**Requires improvement**



# Summary of findings

- The practice did not have a register of carers in place. There was no effective process for supporting carers.
- Data from the national GP patient survey showed patients rated the practice similar to or above others for several aspects of care. However, patients felt less involved in decisions about their care than patients nationally.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

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

Good



- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. However, the complaints policy was not up to date and it was not clear how lessons learned were improving practice's working processes or what was actioned as a result. There was no analysis of complaints trends over time.
- 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. For example, the practice referred patients with long-term chronic and medically complex conditions to a CCG crisis care team to prevent admission or readmissions to hospitals and to support end of life care pathways.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

## Are services well-led?

The practice is rated as requires improvement for being well-led.

Requires improvement



- The practice had a 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. However, there were no formal business plans in place.

# Summary of findings

- There was a clear leadership structure and staff felt supported by management. However, the practice had a number of policies and procedures to govern activity, but some of these were overdue a review. For example Fire Safety.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. However, arrangements to monitor and improve quality and identify risk were informal.
- 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 had recently begun to establish a patient participation group but this had yet to begin to influence change.
- All staff had received inductions but not all non-clinical staff had received regular performance reviews or attended staff meetings and events.

# 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 was rated as requires improvement for being safe, caring and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, we did find examples of good practice.

- 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.

The practice worked closely with lead professionals such as palliative nurses and participated in monthly multi-disciplinary discussions which looked at care plans for the most vulnerable patients identified by the practice. Records showed that the practice achieved a 25% reduction in emergency admissions in 2014/15.

**Requires improvement**



### People with long term conditions

The provider was rated as requires improvement for being safe, caring and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, we did find examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- In 2014/16, 79% of patients with diabetes had well controlled blood sugar levels compared to the CCG average of 74% and the national average of 77%.
- 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.

**Requires improvement**



### Families, children and young people

The provider was rated as requires improvement for being safe, caring and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, we did find examples of good practice.

**Requires improvement**



# Summary of findings

- 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.
- The practice's uptake for the cervical screening programme was 80%, which was higher than the CCG average of 77% and the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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

The provider was rated as requires improvement for being safe, caring and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, we did find examples of good practice.

- 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 a full range of health promotion and screening that reflects the needs for this age group.

Requires improvement



## People whose circumstances may make them vulnerable

The provider was rated as requires improvement for being safe, caring and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, we did find examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Requires improvement





# Summary of findings

- 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 provider was rated as requires improvement for being safe, caring and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, we did find examples of good practice.

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

- Data showed that forty seven patients with dementia had had their care reviewed in a face to face interview within the past twelve months. The exception reporting rate for this indicator was 10% (five out of forty seven patients) compared to the local average of 6% and national average of 8%).
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses (fourteen patients) had a comprehensive, agreed care plan documented in the record. No patients had been excepted for this indicator (CCG average 8%, national average 10%).
- 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 in January 2016. The results showed the practice was performing in line with local and national averages. Two hundred and seventy four survey forms were distributed and 115 were returned. This represented 3% of the practice's patient list.

- 72% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 64% 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 76%.
- 82% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 61% 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%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received nine comment cards seven of which were positive about the standard of care received. Patients said GPs were caring and reception staff were helpful two patients said they had experienced difficulties making appointments.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The practice was participating in the friends and family test but was unable to provide any recent results to further assess the extent to which patients would recommend the practice to friends and family. The practice was aware that the patient survey results were low and planned to discuss this with the patient participation group once this was re-established.

# Billet Lane Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Billet Lane Medical Practice

Billet Lane Surgery is located in Hornchurch in the London Borough of Havering. The practice holds a Primary Medical Services contract (an agreement between NHS England and primary practices for delivering general medical services). The practice provides enhanced services for example, adult and child immunisations, extended hours and facilitating timely diagnosis and support for people with dementia.

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

The practice had approximately 4,000 registered patients at the time of our inspection.

The staff team at the practice includes two full time partner GP's (one male and one female) working eight sessions each per week. The practice clinical team also includes one part time female practice nurse who works five sessions per week. The practice has nine staff in its administrative team; including a practice manager. All staff work a mix of full time and part time hours.

The practice's opening hours are:

Monday 8.30am – 7.30pm

Tuesday 8.30am – 6.30pm

Wednesday 8.30am – 6.30pm

Thursday 8.30am – 6.30pm

Friday 8.30am – 6.30pm

Saturday Closed

Sunday Closed

The practice's appointment are available from:

Morning Afternoon

Monday 9.00am - 12pm      3.00pm – 7.20pm

Tuesday 9.00am – 12pm      3.00pm - 5.20pm

Wednesday 9.00am – 12pm      3.00pm - 5.20pm

Thursday 9.00am – 12pm      3.00pm – 5.20pm

Friday 9.00am – 12pm      3.00pm - 5.20pm

Saturday Closed

Sunday Closed

Telephones are answered between 8:30am and 6:30pm daily. Patients can book appointments in person, on-line or by telephone. Patients can access a range of appointments with the GPs and nurses. Face to face appointments are available on the day and are also bookable up to six weeks in advance. Telephone consultations are offered where advice and prescriptions, if appropriate, can be issued and a telephone triage system is in operation where a patient's condition is assessed and clinical advice given. Home visits are offered to patients whose condition means they cannot visit the practice.

Urgent appointments are available each day and GPs also complete telephone consultations and home visits for

# Detailed findings

patients. In addition, patients at the practice have access to two local hub practices who provide additional access for patients living in Havering (part of a CCG wide initiative) who require an appointment 6.30pm and 10.00pm Monday to Friday and 9.00am and 5.00pm on Saturdays and 12pm and 4.00pm Sundays. There is also an out of hour's service provided to cover the practice when it is closed. If patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on their circumstances. Information on the out-of-hours service is provided to patients on the practice leaflet as well as through posters and leaflets available at the practice.

The practice provides a wide range of services including clinics for diabetes, chronic obstructive pulmonary disease (COPD), contraception and child health care. The practice also provides health promotion services including a flu vaccination programme and cervical screening.

The most recent information published by Public Health England rates the level of deprivation within the practice population group as nine on a scale of one to ten. Level one represents the very highest levels of deprivation and level ten the lowest.

The practice had not previously been inspected.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 14 September 2016. During our visit we:

- Spoke with a range of staff including GPs, practice manager and members of the administration team and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed a sample of 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 not always 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. However, the practice had not recorded how learning from incidents resulted in a change of procedure or an improvement in processes to prevent the same thing happening again.
- The practice carried out 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 in regard to the specific patient incident, however, it was not clear how clinical systems such as policies or procedures were changed as a result to ensure that the likelihood of a repeat event was reduced.

For example, we noted two significant events related to medicine errors. One event occurred in December 2015 and again in April 2016 which involved an administrator adding a medicine to the repeat prescriptions list of a patient's record without a GP's consent. We noted that if the repeat prescribing policy and protocols had been appropriately reviewed following the incident in December 2015 this may have avoided the repeat incident in April 2016.

The practice manager and lead GP told us that recent work had begun to review all practice processes and procedures to ensure they reflected best practice and that specific action was taken where an incident could impact on the way the practice worked.

### Overview of safety systems and processes

We looked at systems, processes and practices in place to keep patients safe:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurse were trained to child protection or child safeguarding level 3. Non clinical staff had been trained to level 1.
- A notice in the waiting room advised patients that chaperones were available if required. Staff told us that the practice nurse acted as a chaperone in the practice. The practice nurse 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 manager told us that non clinical staff were not currently acting as chaperones as they were awaiting receipt of the required DBS checks.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to 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 we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Although the practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, we found that processes in place for

## Are services safe?

handling repeat prescriptions which included the review of high risk medicines were not always effective. For example, we identified concerns in relation to how the practice was reviewing and reauthorising prescriptions for high risk medicines. We looked at thirteen records for patients who were being prescribed two high risk medicines. These medicines were Methotrexate (medicines commonly used to treat rheumatoid arthritis (RA) as well as other specific conditions) and Warfarin (normally used to prevent the formation of blood clots). Both medicines require regular monitoring in line with specific guidelines.

We found in four of the thirteen patients' we reviewed that Methotrexate had been consistently reauthorised on prescription without the necessary blood test results. For example, in one record of a patient (who had been repeatedly prescribed Methotrexate) had their last recorded blood test 16 months previously not in line with published guidelines.

We also found that blood results in four patients prescribed Warfarin had not been recorded before reauthorisation of a repeat prescription and there was no process in place for ensuring that regular blood results are seen before safely repeating medicines. For example, one patient had been self-monitoring (conducting a blood test that checks how long it takes for blood to clot) for over two years. The practice had continually prescribed Warfarin without seeing or recording a copy of their results. We also noted that reception staff were unaware of the required guidelines for high risk medicines and there was no failsafe alerts on the patient record system to ensure that these were not reissued and signed without the appropriate blood result checks. The practice's repeat prescribing policy was dated 2014 and not in line with latest best practice.

GP leads told us that the practice was participating in a shared care prescribing arrangement to encourage patients taking high risk medicines to obtain the required blood tests locally rather than at a hospital. We saw that the practice had taken steps to encourage patients to access this local service in recent months.

Following our inspection the lead GPs took immediate action to improve prescribing of high risk medicines at the practice. For example, alerts were placed on patient records to ensure all staff were aware of the patients taking such medicines. A medicine review was conducted of each

patient to ensure that prescribing remained safe and in line with guidelines which included patient recall to assess blood results. A set number of authorisations was applied to the patient record to ensure repeat prescriptions were issued in 3 monthly intervals to ensure that patient's results were checked before repeating medicine and in addition, staff were given training in the new process.

- Blank prescription forms and pads were securely stored however; there were no systems in place to monitor their use. The practice nurse had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions without the need for Patient Group Directions. We noted that she received mentorship and support from the medical staff for this extended role. However, we noted that Patient Group Directions had not been adopted by the practice to allow all locum nurses to administer medicines. The practice manager was not aware that locum practice nurses required PGD's but informed us that the locum practice nurse due to cover the practice nurse later that week would have PGD's in place before commencing employment along with the appropriate recruitment checks. This was confirmed following the inspection.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, we looked at the files for locum clinical staff and found that not all checks had been completed prior to employment.

### Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and had carried out the necessary checks on fire extinguishers, however they had not carried out any regular fire drills. Following the inspection we were notified that a fire drill had taken place. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a

## Are services safe?

variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number 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 was on duty.

### **Arrangements to deal with emergencies and major incidents**

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were in a secure area of the practice and all staff knew of their location. However, they were not easily accessible to staff as they had been locked inside a cupboard inside a locked room. The practice manager told us they would immediately review arrangements to ensure that emergency medicines remained secure but accessible. All the medicines we checked were in date.
- We noted that the practice did not have an up to date comprehensive business continuity plan in place for major incidents such as power failure or building damage.



# 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.

### 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 94% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was similar to the local and national averages. For instance, 79% of patients with diabetes had well controlled blood sugar levels compared the CCG average of 74% and the national average of 77%. The exception reporting rate for this indicator was 4% which was lower than the CCG average of 14% and national average of 12%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or because certain medicines cannot be prescribed due to contraindications with other medicines or side effects).
- Performance for hypertension related indicators was above the local and national averages. For instance, 85% of patients with hypertension in whom the last blood

pressure reading measured in the preceding 12 months is 150/90mmHg or less compared to 84% locally and nationally. The exception reporting rate for this indicator was 2% which was lower than the CCG average of 3% and national average of 4%.

- Performance for mental health related indicators was above the local and national averages. For example, 100% of patients with schizophrenia, bipolar affective disorder and other psychoses (fourteen patients) had a comprehensive, agreed care plan documented in the record. No patients had been excepted for this indicator (CCG average 8%, national average 10%).
- Data showed that 100% of patients with dementia had had their care reviewed in a face to face interview within the past twelve months. The exception reporting rate for this indicator was 10% (five out of forty seven patients) compared to the local average of 6% and national average of 8%).

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years, both of these 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. For example, following NICE guidelines the practice identified ten of its patients during its first cycle that had been prescribed a medicine in the treatment of breast cancer and were therefore at increased risk of being diagnosed with osteoporosis as a result of taking this medicine. The practice ensured those patients were sent for appropriate scans and started on another medicine to reduce the risk of getting this condition. A re audit six months later showed that no further than ten had been identified and that all ten patients had been correctly identified and were all receiving the appropriate treatment to reduce the likelihood of getting Osteoporosis as a result of the breast cancer medicine being prescribed as part of their ongoing treatment.

### Effective staffing



# Are services effective?

## (for example, treatment is effective)

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. However, none of the practice's non clinical staff had received an appraisal for more than 18 months. The practice manager told us that a new programme of appraisal would be started following the inspection.
- Staff received training that included: safeguarding, basic life support and infection control. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. 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.

Over the past two years the practice has been involved in the CCG integrated primary care service initiative. This service was designed to reduce those older people that were at most risk of emergency hospitalisation from being admitted. In July 2015, Havering CCG informed the practice that they had successfully reduced emergency admission rates by 25% during 2014/15. The practice was able to achieve this rate through effective care planning with identified patients which was led by a lead clinician for older people within the practice. We saw examples of care plans which included those patients receiving end of life care and included discussion with lead professionals as well as initial post discharge reviews.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

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

# Are services effective?

(for example, treatment is effective)

- 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. Patients were signposted to the relevant service.
- The practice was able to refer to a dietician and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 80%, which was above the CCG average of 77% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and uptake rates were

in line with local and national averages. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 82% to 87% compared to a national average of 74% to 95% and five year olds from 73% to 86% compared to a national average of 82% to 96%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

Seven of the nine patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Two patients said they had experienced difficulties getting appointments.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 76% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 78% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 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%.

- 79% 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%.
- 82% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients generally responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were mostly in line with local and national averages, although the percentage of patients who felt GPs were good at involving them in decisions about their care was below the national average. For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 70% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 84% 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 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.

## Are services caring?

### **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 had a written process for identifying if a patient was also a carer but this had not been followed and no carers had been identified on the practice computer system. However, staff told us that where a carer was identified through the clinical consultation process; staff were able to give relevant information and signpost to local

carer support organisations. However, there was no system to assess the effectiveness of support for carers. The new practice manager told us that processes for identifying carers would be reviewed following the inspection and carers would be recorded in accordance with practice protocols.

The practice had a written bereavement protocol. When families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. 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. Staff we spoke with were familiar with this protocol.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered extended opening hours on Monday evenings until 7.30pm for working patients who could not attend during normal opening hours.
- There was a choice of both female and male GP's.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.

- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately were referred to other clinics for vaccines available privately.
- The practice had a policy of allowing a greater level of flexibility around appointments for patients whose circumstances may make them vulnerable. For instance, when it was helpful, consultations were extended to double appointments even when these had not been booked.
- The practice supported patients in a local residential care home.

The practice has a bypass number that it gives its most vulnerable patients should they need to contact the practice.

- There were accessible facilities available. Patients could be seen in the ground floor consultation rooms and the practice was reviewing what improvements could be made to enable better access such as the waiting area.
- Translation services were available.

# 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 vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement and staff knew and understood the values.
- The practice did not have a formal strategy or supporting business plans which reflected the vision and values. We saw that informal plans were being discussed at team meetings however, there was no evidence of formal monitoring. Practice leads told us that the past six months had focused on improving the administrative functions and processes of the practice. The new practice manager told us that plans were in place to review governance processes over the coming months including all policies, procedures and performance and clinical oversight of the practice.

### Governance arrangements

The practice did not have an overarching governance framework which supported the delivery of the strategy and good quality care. However, we noted that the following structures and procedures were in place:

- There was a staffing structure and that staff were aware of their own roles and responsibilities.
- An understanding of the performance of the practice was maintained.
- Clinical and internal audit was used to monitor quality and to make improvements.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions though these could be improved.

Governance arrangements did not always operate effectively. For example:-

- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions could be improved. For example, a review of fire safety and recruitment of locum staff.
- We noted that although practice specific policies were implemented and were available to all staff a number of these policies including the practices prescribing policy,

fire safety, incident/significant event policy had not been reviewed in line with best practice. The new practice manager who joined the practice in March 2016 told us that these were an area of priority and they recognised that there were a number of policies that required updating.

### Leadership and culture

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. We noted team away days were held annually.
- 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 had begun to obtain, encourage feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. However, its patient participation group had not been fully established.

# Are services well-led?

Requires improvement 

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

- The practice had recently recruited its patient participation group (PPG). The PPG was yet to meet formally , and there were no plans in place to carry out patient surveys and submit proposals for improvements to the practice management team. The practice manager informed us that the group was due to meet imminently.
- The practice had gathered feedback from staff through staff meetings and discussion. Staff told us they would

not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, the partners had appointed a new practice manager within the last six months to improve governance and support workforce needs. Staff told us they felt involved and engaged to improve how the practice was run.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>The provider must ensure that processes are in place to identify, enable and support carers so that they can be involved and encouraged to participate in decisions relating to a patient's care and treatment.</p> <p>This was in breach of regulation 9(3) 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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered provider must ensure that PGD's (Patient Group Directions) are reviewed, signed and authorised in accordance with local and national guidelines for all locum nurses administering medicines at the practice.</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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p><b>How the regulation was not being met:</b></p> <p>The registered provider must ensure that locum recruitment arrangements include all necessary employment checks for all staff.</p>



This section is primarily information for the provider

## Requirement notices

This was in breach of regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

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

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### **How the regulation was not being met:**

the registered provider must have improvement plans in place and progress must be monitored against plans to improve the quality and safety of services. For example, ensuring systems for monitoring patients on high risk medicines are effective and keep patients safe.

Policies and procedures were not regularly reviewed nor reflected the latest guidance and regulations. For example, staff must review policies and procedures about managing medicines and policies and procedures should be reviewed and conducted in line with current legislation and guidance and address: supply and ordering, administration and recording.

This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

## Enforcement actions

### 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.