

Harrow Road GP Practice, Triangle House Health Centre

Quality Report

Triangle House Health Centre
2-8 Harrow Road
Leytonstone
E11 3QF

Tel: 020 3078 7770

Website: www.harrowroadgppractice.nhs.uk/

Date of inspection visit: 4 July 2017

Date of publication: 04/08/2017

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 effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

Detailed findings from this inspection

Our inspection team	12
Background to Harrow Road GP Practice, Triangle House Health Centre	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Harrow Road GP Practice on 5 May 2016. The practice was rated as requires improvement for providing safe, effective and well-led services, good for providing caring and responsive services and an overall rating of requires improvement. The full comprehensive report of the 5 May 2016 inspection can be found by selecting the 'all reports' link for on our website at www.cqc.org.uk.

This inspection was carried out to check that action had been taken to comply with legal requirements, ensure improvements had been made and to review the practice's ratings. Overall the practice is now rated as good.

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

- The practice had taken action to improve how it identified, reported and investigated serious incidents. There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had addressed concerns around the management of risks to patient safety and had clearly defined and embedded systems to minimise risks to patient safety.
- There were up to date policies to support and guide staff in the provision of regulated activities including those for medicines management and repeat prescribing.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Staff had received appropriate training in basic life support, fire safety awareness, information governance and infection prevention and control and had had a recent annual appraisal.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.

Summary of findings

- Patients we spoke with 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.
- 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.

The areas where the provider should make improvement are:

- Continue to review how eligible patients are encouraged to participate in the health screening programmes with a view to reducing exception reporting rates.
- Continue to review how childhood immunisations are delivered to bring about improvements in uptake rates.

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 good for providing safe services.

Good



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

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice in line with others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was 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 good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population. For example the practice had more patients in the 25 to 39 years age ranges than the England average and the opening times of 8am to 8pm every weekday reflected the needs of this population group.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with 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.
- Information about how to complain was available and evidence from three examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- 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 performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In four examples we reviewed, we saw evidence the practice complied with these requirements.

Summary of findings

- 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.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Good



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

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

People with long term conditions

Good



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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators were comparable to CCG and national averages. For instance, 79% of patients had well controlled blood sugar levels (CCG average of 75%, national average 78%). The exception reporting rate for this indicator was 17% (CCG average 16%, national average 13%).
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their

Summary of findings

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.

Families, children and young people

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

- There were systems 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 accident and emergency (A&E) attendances.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors to support this population group, for example, in the provision of ante-natal and post-natal checks, and the six week baby check.
- Young children were automatically given an urgent appointment.

Good



Working age people (including those recently retired and students)

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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, the practice was open between 8am and 8pm every weekday.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.

Good



Summary of findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- 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 had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The practice had employed a mental health nurse to provide additional support to patients experiencing poor mental health. The mental health nurse undertook annual health reviews, helped patients to manage their medicines, and helped patients experiencing poor mental health to access various support groups and voluntary organisations.
- 78% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. For example, the practice mental health nurse would undertake home visits to support patients who were unable to visit the surgery, including patients who found the experience of visiting the surgery particularly distressing.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 91% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan. The exception reporting rate for this indicator was 2% compared to the national average of 13%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.

Good



Summary of findings

- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Three hundred and sixty nine survey forms were distributed and 113 were returned. This represented 1% of the practice's patient list.

- 78% of patients described the overall experience of this GP practice as good compared with the CCG average of 75% and the national average of 85%.
- 72% of patients described their experience of making an appointment as good (CCG average 65%, national average of 73%).
- 75% of patients said they would recommend this GP practice to someone who has just moved to the local area (CCG average 69%, national average of 80%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 comment cards, 32 of which were positive about the standard of care received. Five of the comment cards were mixed, with waiting times for appointments being a common theme. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

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 participated in the Friends and Family test; results showed that 84% of patients stated they were extremely likely or likely to recommend the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to review how eligible patients are encouraged to participate in the health screening programmes with a view to reducing exception reporting rates.
- Continue to review how childhood immunisations are delivered to bring about improvements in uptake rates.

Harrow Road GP Practice, Triangle House Health Centre

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.

Background to Harrow Road GP Practice, Triangle House Health Centre

Harrow Road GP Practice, also known as Triangle House Health Centre, provides GP primary care services to approximately 9,000 people living in Leytonstone, London Borough of Waltham Forest. The practice has a Personal Medical Services (PMS) contract for providing general practice services to the local population. Personal Medical Services agreements are locally agreed contracts between NHS England and a GP practice.

The practice is located in a former warehouse building which was fully renovated and refurbished to be a modern medical centre. The building benefits from a lift and all treatment and consulting rooms are fully accessible. On-site patient parking is available including several dedicated disabled parking bays.

There are currently two GP partners, one female and one male. There are five salaried GPs, three female and two male. The practice provides a total of 39 GP sessions per week. The clinical team is completed by a part time

practice nurse and a part-time mental health nurse who also undertakes the role of a part-time healthcare assistant. There is also a practice manager, a business manager and eleven administrative and reception staff.

The practice opening hours are 8:00am to 8:00pm from Monday to Friday. Telephones are answered between 8:00am and 6:30pm daily. The practice is a member of a collaborative network of GP practices which offers appointments at a hub location between 9:00am and 5:00pm on Saturday and Sunday.

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 two 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.

The out of hours services (OOH) are provided by the Partnership of East London Co-operatives (PELC). The details of the OOH service are communicated in a recorded message accessed by calling the practice when it is closed and details can also be found on the practice website.

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.

Detailed findings

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

Why we carried out this inspection

We undertook a comprehensive inspection of Harrow Road GP Practice on 5 May 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe, effective and well led services. Overall the practice was rated as requires improvement. The full comprehensive report following the inspection on 5 May 2016 can be found by selecting the 'all reports' link for Harrow Road GP Practice on our website at www.cqc.org.uk.

We undertook a further announced comprehensive inspection of Harrow Road GP Practice on 4 July 2017. This inspection was carried out to review the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

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 4 July 2017. During our visit we:

- Spoke with a range of staff including two GPs, practice manager, business manager, nurses and administrative staff and spoke with patients who used the service

- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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 living 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

At our previous inspection on 5 May 2016, we rated the practice as requires improvement for providing safe services. We noted that arrangements in respect of identifying, reporting and investigating serious incidents were not adequate. We also found that systems and processes to assess and manage risk to patients were not being implemented consistently, for instance, risks associated with fire safety and infection prevention and control. Staff had not undertaken required annual training including basic life support, information governance, fire safety awareness or infection prevention and control and the practice could not demonstrate that chaperoning arrangements were effective.

At this inspection we found that arrangements had improved significantly. The practice is now rated good for providing safe services.

Safe track record and learning

When we inspected in May 2016, we found that although staff understood their responsibilities to raise concerns and to report incidents and near misses, when things went wrong, reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement.

At this inspection, we noted that the practice had reviewed the system used to report, record and investigate significant events. We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed and found that the practice carried out a thorough analysis. Five significant events had been recorded since our May 2016 inspection and we saw evidence that lessons were shared and action taken to improve safety in the practice.

- 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. All staff we spoke with were able to show us how they would access this form. 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).
- From the sample of three 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.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw details of an occasion when two pathology samples for two patients with similar names had been confused. The practice had contacted both patients and had offered a full explanation and apology and had been invited to repeat their tests. The practice had also reviewed and updated the cervical screening protocol to ensure that samples were fully labelled at the time a sample was taken.
- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

At our inspection in May 2016, we found that systems and processes to assess and manage risk to patients were not being implemented consistently. For instance, risks associated with prevention and control had not been assessed for more than twelve months. We also found that some staff who carried out chaperone duties had not been trained in the role and Disclosure and Barring Service (DBS) check had not been undertaken for those staff. 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.

During this inspection, we noted that the practice had reviewed and updated systems, processes and practices to minimise risks to patient safety and could demonstrate how these were being applied.

- 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 lead member of staff for safeguarding. GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.

Are services safe?

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3, nurses were trained to level 2 and all other members of staff were trained to level 1.
- A notice in the waiting room advised patients that chaperones were available if required and this notice was also prominently displayed in all consulting rooms. Since the May 2016 inspection, all staff who acted as chaperones had received training for the role and all members of staff had received a DBS check, including those who acted as chaperones.

The practice could demonstrate how they maintained appropriate standards of cleanliness and hygiene.

- The business manager was the infection prevention and control (IPC) clinical lead 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. We saw that two infection control audits had been undertaken since the last inspection and the most recent of these had been carried out within the previous two months. We saw evidence that action was taken to bring about improvements where these were identified. For instance, we saw that suitable equipment to clean up liquid spillages, including body fluids had been provided in the treatment room with spare supplies being held in room used to store medical equipment.
- We observed the premises to be clean and tidy. There were cleaning schedules and we saw evidence that the practice met regularly with the cleaning contractor and that these meetings included a systematic review of cleaning standards.

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 had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed seven personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

When we inspected in May 2016, we found that the practice had not reviewed fire safety arrangements since a programme of major refurbishments had been completed. For instance, the practice had not undertaken a recent assessment of the risks associated with fire, some members of staff had not received fire safety awareness training and checks to ensure electrical equipment was safe to use were out of date.

At this inspection, we saw that the practice had taken action to bring about improvements.

- The practice had an up to date fire risk assessment and carried out regular fire drills. We looked at details of two recent fire drills and noted that these had included a full evacuation of the premises. Both drills had been reviewed and the practice could demonstrate where safety had been improved as a result of the review. For instance, the second drill had been completed in a significantly improved time and had included a systematic search of all rooms and corridors. All staff had received recent fire safety awareness training and 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.

Are services safe?

- Since the May 2016 inspection, all electrical and clinical equipment had been 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. 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

During our May 2016 inspection, we found that staff, including clinical and nonclinical staff, had not undertaken required annual training in basic life support within the past twelve months.

At this inspection, we saw that all staff had all staff received annual basic life support training and there were emergency medicines available in the treatment room.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 6 May 2016, we rated the practice as requires improvement for providing effective services. Although data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the national average, there was limited evidence that quality improvement including clinical audit was driving improvement in patient outcomes and non-clinical staff had not had appraisals or undertaken any training for two years.

These arrangements had significantly improved when we undertook a follow up inspection on 4 July 2017. The provider is now rated as good for providing effective services.

At this inspection we found that these arrangements had improved and the practice had developed a schedule of clinical audits and could demonstrate how audits were linked to the needs of the practice population. We also saw records that showed staff had now completed all mandatory training and had had recent appraisals. We also saw that the practice had put an effective system in place to ensure staff training needs were regularly assessed. The practice is now rated as good for providing effective services.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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. For instance following recent guidance about reducing harm caused by hypoglycaemia, jaundice and respiratory symptoms amongst new-born babies, the practice had undertaken an audit of the practice population to identify any patients who might benefit from additional advice from a GP or nurse. The audit had identified four patients and these had been invited to make an appointment.

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 98% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 95%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

- Performance for diabetes related indicators were comparable to CCG and national averages. For instance, 79% of patients had well controlled blood sugar levels (CCG average of 75%, national average 78%). The exception reporting rate for this indicator was 17% (CCG average 16%, national average 13%). The percentage of patients on the diabetes register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 86% (CCG average 76%, national average 80%). The exception reporting rate for this indicator was 11% (CCG average 12%, national average 13%).
- Performance for mental health related indicators was comparable to CCG and national averages. For example, 91% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record compared to the CCG average of 91% and national average of 89%. The exception reporting rate for this indicator was 2% (CCG average 7%, national average 13%).
- 82% of patients with hypertension had well controlled blood pressure compared to the CCG average of 81% and the national average of 83%. The exception reporting rate for this indicator was 11% (CCG average 4%, national average 4%).
- Outcomes for patients with asthma were comparable to CCG and national averages. CCG and national averages. For instance, 78% had had an asthma review in the preceding 12 months using a nationally recognised assessment tool compared to the CCG average of 78% and the national average of 76%. The exception reporting rate for this indicator was 4% (CCG average 10%, national average 8%).

Are services effective?

(for example, treatment is effective)

There was evidence of quality improvement including clinical audit:

- When we inspected on 5 May 2017, we found limited evidence that quality improvement including clinical audit was driving improvement in patient outcomes. During this inspection, we found that of the four clinical audits commenced in the last two years, two of these were now completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, the practice had recently completed a two cycle audit of how the practice supported asthmatic patients. This had been undertaken to improve the management of the conditions and had involved reviewing whether clinicians were using appropriate tools to assess asthmatic exacerbations and the correct coding protocols to record details of patient's conditions. During the first audit cycle, the practice had reviewed 581 asthmatic patients to identify those that did not have complete control of their condition. The practice had used guidance from the Scottish Intercollegiate Guidelines Network (SIGN) which defined 'Complete control of asthma' as meaning that patients had not required rescue packs and had not experienced exacerbations in the preceding twelve months. The audit had identified 26 patients who did not have full control of their condition, of whom 18 were eligible for the audit. The practice found that of the 18 patients who had had an exacerbation, only one had their peak flow measured to assess the severity of their exacerbation. (Measuring peak flow is an important part of managing asthma symptoms and preventing asthma attack and involves measuring how fast air comes out of the lungs). The practice also found that only five of the eighteen patients had had their exacerbation correctly coded on their record. The audit had also found that inhalers were being prescribed as a repeat medicine without regular conditions reviews and that at least four courses of steroids had been prescribed to asthma patients without a consultation. As a result of this audit, the practice had organised a clinical education session to review SIGN guidelines. The practice had also designed and put in place a special template which prompted clinicians to record full details of patient's conditions. The practice had undertaken a follow-up audit six months later and had noted improvements in the frequency of measuring and recording of peak flow

measurements in asthmatic patients. However the practice had also noted that the percentage of patients requiring rescue packs and those being prescribed inhalers without medicine reviews had on steroids had not improved. The practice had since created an action plan to bring about improvements and planned to carry out a third audit cycle.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge 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. Following the May 2016 inspection, the practice had decided that all staff would benefit from a re-induction programme. This programme had been designed to ensure that staff were familiar with all practice policies and protocols. The practice had also used this opportunity to update personnel records to ensure that up to date information, including qualifications and proof of identity was stored for all members of staff, including those who had been employed for the longest periods.
- 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.
- At the May 2016 inspection, we found that non-clinical staff had not had appraisals or undertaken any training for two years. At this inspection we saw that all staff had had an appraisal within the previous twelve months and that dates had already been agreed for future appraisals. We reviewed appraisal records of three staff and saw that these included details of learning needs of staff and reviews of practice development needs. Staff now had access to appropriate training to meet their

Are services effective?

(for example, treatment is effective)

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 and nurses.

- We reviewed staff training records and saw that all staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. We noted that the practice had a system in place to alert managers when refresher training was about to fall due.

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.
- From the sample of six documented examples we reviewed we found that 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. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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 and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- The practice helped elderly patients who were housebound by providing monthly home visits. These were usually undertaken by the mental health nurse and could include NHS health checks, long term condition management, seasonal vaccinations, annual reviews and dementia screening.

The practice's uptake for the cervical screening programme was 97%, which was above the CCG average of 81% and the national average of 81%. However, the exception reporting rate for cervical screening was 32% compared to the CCG average of 10% and national average of 7%. We asked the practice about the higher than average exception reporting rate and were told that this had been reviewed within the previous six months. We were told that the review had found that patients had been exception reported if they had not responded following three written invitations but that the practice had not taken any additional actions that actively encouraged uptake. For instance there had been no policy to offer telephone reminders for patients who did not attend for their cervical screening test. We saw evidence that as a result of the review, the practice had put a protocol in place which involved practice staff contacting eligible patients and encouraging them to participate in the screening programme. During these telephone calls, staff were able to gauge whether language was a barrier to understanding cervical screening and could direct patients to suitable information in different languages when this was the case. The practice had also sourced information which was useful for those with a learning disability. There were failsafe systems to ensure results were received for all

Are services effective?

(for example, treatment is effective)

samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

Childhood immunisations were carried out in line with the national childhood vaccination programme. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice had not achieved the target in any of the four areas. These measures can be aggregated and scored out of 10, with the practice scoring

7.7 which was lower than the national average of 9.1. We discussed this with the practice and were shown unvalidated data which demonstrated that practice uptake rates were now comparable to national rates.

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

At our previous inspection on 6 May 2016, we rated the practice as good for providing caring services.

During this inspection, we found that the practice had maintained standards at this level and the practice is still rated as good for providing caring services.

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

Of the 37 patient Care Quality Commission comment cards we received, 32 were positive about the service experienced. Five of the comment cards were mixed, with waiting times for appointments being a common theme. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four patients including one member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments 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. Results were broadly in line with local and national averages. For example:

- 80% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 83% and the national average of 87%.
- 75% of patients said the GP gave them enough time (CCG average of 80% national average 87%).

- 87% of patients said they had confidence and trust in the last GP they saw (CCG average of 86%, national average of 92%).
- 73% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 78%, national average 85%).
- 91% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 91%.
- 89% of patients said the nurse gave them enough time (CCG average 87%, national average 92%).
- 95% of patients said they had confidence and trust in the last nurse they saw (CCG average 94% national average 97%).
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 84%, national average 91%).
- 88% of patients said they found the receptionists at the practice helpful (CCG average 83%, national average 87%).

The views of external stakeholders were positive and in line with our findings. For example, we spoke with a community pharmacist who praised the care provided by the practice. We were told that the practice was diligent at ensuring that patients received regular medicine reviews and would always let the pharmacist know when a review was about to fall due or had become overdue.

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. Children and young people were treated in an age-appropriate way and recognised as individuals.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

Are services caring?

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 79% and the national average of 86%.
- 74% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 74%, national average 82%).
- 90% of patients said the last nurse they saw was good at explaining tests and treatments (CCG average 85%, national average 87%).
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 80%, national average 85%)

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

- Staff told us that interpretation 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. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.
- The practice employed a mental health nurse who provided additional support to patients experiencing poor mental health and patients with learning disabilities. For instance, this nurse helped patients to understand and manage their medicines and was

responsible for monitoring test results for patients on medicines where this was necessary. The mental health nurse was also involved in care planning and annual reviews of patients experiencing poor mental health and supported these patients with advice on weight management, smoking and alcohol cessation.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area. In addition to information about the symptoms and treatment of common conditions, there was information which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 124 patients as carers (over 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

Staff told us that if families had experienced 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 5 May 2016, we rated the practice as good for providing responsive services.

During this inspection, we found that the practice had maintained standards at this level and the practice is still rated as good for providing responsive services.

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice opened for extended hours between 6:30pm and 8pm every weekday evening to cater for its large working age population. It also publicised weekend 'hub' primary care services available to Waltham Forest residents.
- 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.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, on-site disabled parking bays and interpretation services available.
- The practice had installed a visual display board in the waiting area which was used to inform patients when they could go to their consultation. The staff personally informed patients with visual impairments when the GP or nurse was available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.

- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.

Access to the service

The practice was open between 8am and 8pm Monday to Friday and telephones were answered between 8am and 6:30pm daily. Appointments were from 8am to 1pm every morning and 2pm to 8pm every afternoon. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

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

- 89% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 70% of patients said they could get through easily to the practice by phone (CCG average 61%, national average 73%).
- 71% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment (CCG average 67%, national average 76%).
- 89% of patients said their last appointment was convenient (CCG average 88%, national average 92%).
- 72% of patients described their experience of making an appointment as good (CCG average 65%, national average 73%).
- 56% of patients said they don't normally have to wait too long to be seen (CCG average 45%, national average 58%).

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Patients were asked to request home visits as early in the day as possible. The reception team passed the request to the duty GP to make an informed decision on prioritisation according to clinical need and the outcome was communicated to the patient. In cases where the urgency

Are services responsive to people's needs?

(for example, to feedback?)

of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

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

- We saw that information was available to help patients understand the complaints system, for example there was a poster in the waiting area and details of the complaints process were included in the practice leaflet.

The practice had received thirteen written complaint in the last 12 months. We looked at three complaints received in the last 12 months and found these were handled in line with practice policy. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, three of the complaints received in the previous twelve months were about how members of staff had spoken to patients. The practice had identified a pattern and had added customer service training to the training matrix for all staff.

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 5 May 2016, we rated the practice as requires improvement for providing well-led services. We found that although the practice had a vision, it did not have fully developed structured plans to realise this vision. We also noted that the practice was unable to produce policies which governed some activities including infection prevention and control, medicines management and prescribing. We also had concerns that non-clinical staff had not received annual appraisals for two years and that there were gaps in several areas of training and there were no records to demonstrate how staff had been inducted at the practice.

During this inspection, we saw that the practice had taken action to bring about improvements and the practice is now rated as good for providing well-led services.

Vision and strategy

At the time of our last inspection, we found that the practice had recently moved to its current premises following a major refurbishment. During that inspection, we noted that the practice were able to describe a vision to deliver high quality care for its patients but had not yet developed structured plans showing how this would be achieved. During this inspection, we saw that the practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.

- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored. For example, the practice had identified how it could make a positive impact on patient care by improving how it recorded and shared information about patient's conditions. We saw that the practice had created a plan to design a suite of bespoke templates, and had researched ways to ensure that these were compatible with the patient record management system which meant that details could be easily read during audits or health reviews. We were able to see that this plan was being realised and that the practice's new template for care planning was already working effectively.

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. GPs and nurses had lead roles in key areas.
- When we inspected in May 2016, the practice had been unable to demonstrate that staff had access to practice specific policies to govern some activities including infection prevention and control, medicines management and prescribing. At this inspection, we saw that the practice had reviewed all practice policies and had ensured these were available to all staff. We also noted that the practice had effective document control processes to ensure that policies would be reviewed regularly and that only the most recent up to date version of a policy would be accessed by staff.
- Following the May 2016 inspection, the practice had developed a 're-induction' programme for all staff. This had included meeting with staff individually to ensure that personnel records were up to date and complete, that staff were familiar with and could access policies and understood protocols and processes around managing emergencies. These meetings had been recorded and we could see details of what had been discussed.
- 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. These meetings were minuted and examples we looked at showed that clinical staff were supported to have open conversations about performance.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- At the May 2016 inspection, we found that arrangements for identifying, recording and managing risks were not effective, including risks around infection prevention and control and fire safety. At this inspection we saw that the practice had carried out all outstanding risk assessments and had an effective diarised system in place to ensure that future risk assessments would be carried out in a timely manner.

Are services well-led?

Good 

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

- 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 and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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 three 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.
- 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. 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 and had commissioned a monthly patient survey. It also proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, following the May 2016 inspection, the practice had shared the inspection report with the PPG and had sought the PPG's support in reviewing an action plan which had been developed to bring about improvements.
- the NHS Friends and Family test, complaints and compliments received.
- staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. We saw that the practice had created a plan to design a suite of bespoke templates, and had researched ways to ensure that these were compatible with the patient record management system which meant that details could be easily read during audits or health reviews. We were able to see that this plan was being realised and that the practice's new template for care planning was already working effectively.