

The Drive Surgery

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?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Drive Surgery on 21 July 2016. Overall the practice is rated as requires improvement.

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

- Risks to patients were assessed, however they were not always addressed quickly enough.
- The premises were cramped, the layout was poor, and the decorations, floor coverings and some furniture were worn out, which made it hard for patients to access services.
- Patients found it difficult to make an appointment when they wanted one although urgent appointments were available the same day.
- There was however an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- 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 they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- The practice had the clinical equipment to treat patients.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on within the constraints of its premises. There were no contingency plans in place to make needed improvements should the proposed move to new premises not proceed within an appropriate timeframe, if at all.
- 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 the safety of patients by completing actions identified for urgent action through the fire risk assessment and infection prevention audit, both carried out in January 2016.
- Ensure its premises are suitable for the purpose of providing primary care.
- Ensure action is taken to improve patients' access to the service.

The areas where the provider should make improvement are:

- Consider further ways of meeting the needs of patients with long term conditions given the comparatively high exception reporting rates in some clinical domains.
- Put systems in place to improve the identification of people amongst the practice population who are carers, to support a proactive approach to meeting their specific needs.

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.

- There was a system in place for reporting and recording significant events
- Lessons were learned from significant events and shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Clearly defined systems processes and practices were in place to keep patients safe including safeguarding from abuse, medicines management and staff recruitment.
- However, while risks to patients were assessed, they were not always addressed quickly enough.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- 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.
- 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.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients had confidence and trust in their GP and nurse.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

- 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.

- 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. It provided an extended hours service on Friday evenings, and patients had access to evening and weekend appointments at a nearby practice as part of the Redbridge GP hub arrangements.
- However patients said they found it difficult to make an appointment, although urgent appointments were available the same day.
- Services were also hard to access because the premises were cramped, the layout was poor, and the decorations, floor coverings and some furniture were worn out.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Requires improvement



Are services well-led?

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

- The provider aspired to deliver high quality care and promote good outcomes for patients. Staff shared this commitment and were clear about their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular staff meetings.
- However, the governance framework did not always support the delivery of good quality care. While quality was being monitored, effective action was not being taken to make improvements, for example around the appointment booking system.
- Risks were being identified and recorded, however some risks were not being managed.

Requires improvement



Summary of findings

- 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 sought feedback from staff and patients. The patient participation group was active.

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 safe, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, 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, longer appointments and urgent appointments for those with enhanced needs.
- Patients aged over 75 years had been informed of their named GP who ensured continuity of care.
- The practice worked with other health and care professionals to provide integrated care.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safe, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, 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.
- Performance against indicators for diabetes care was in line with local and national averages. The practice offered insulin initiation increasing the range of services available at the practice.
- 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 safe, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

Requires improvement



Summary of findings

- There were systems in place to identify children who were at risk. Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of eligible women who had a cervical screening test performed in the preceding five years was 73%, comparable to the CCG average of 79%. The national average was 82%.
- Appointments were available outside of school hours. Telephone consultations and emergency appointments were also available.
- One of the GP partners had a special interest in gynaecology, broadening the range of expertise available at the practice.

Working age people (including those recently retired and students)

The provider was rated as requires improvement for safe, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, 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 they were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. The practice was one of the highest performing in Redbridge for the number of NHS Health Checks completed in 2014-15.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safe, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice worked with other health care professionals in the case management of vulnerable patients.

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 safe, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- 79% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to local and national averages (CCG 83%, England 84%).
- Outcomes for people with schizophrenia, bipolar affective disorder and other psychoses were similar to other practices nationally. For example the percentage of patients who have a comprehensive agreed care plan documented in the record in the preceding 12 months was 80% (CCG 90%, England 88%), and whose alcohol consumption has been recorded in the preceding 12 month was 90% (CCG 91%, England 90%).
- The practice regularly worked with other health and care services in the case management of patients experiencing poor mental health, including those with dementia.
- The practice took part in the Gold Standard Framework (GSF) Silver Programme and carried out advance care planning for patients with dementia as part of this. GSF is a systematic, evidence based approach to optimising care for all patients approaching the end of life, delivered by generalist frontline care providers.
- The practice had told patients experiencing poor mental health about how to access other services including psychological therapies and drug and alcohol services.

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 not performing in line with local and national averages in all areas. Three hundred and ninety five survey forms were distributed and 117 were returned. This represented 2.1% of the practice's patient list.

The practice's results were comparable to other practices' for the following survey questions:

- 62% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 66% and the national average of 79%.
- 59% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG 64%, national average of 76%).

However, the practice's results were comparatively lower than other practices' for the following survey questions:

- 37% of patients found it easy to get through to this practice by phone compared to CCG average of 53% and the national average of 73%.
- 66% of patients described the overall experience of this GP practice as good (CCG 72%, national 85%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards, 28 of which were entirely positive about the service.

All comments about the quality of care provided by the doctors and nurse were positive. All comments about the reception staff were positive as well, describing them as helpful and respectful; one comment card added that they could be a bit more organised.

Nine cards included comments about the timeliness of the care the patient had received. Five cards said their needs had been responded to at the right time. Three cards said the patient had always got an appointment when they wanted one. One card said it was difficult to get an appointment and there was a long wait to be seen.

We spoke with 11 patients during the inspection, including seven members of the patient participation group. All but one patient said they were satisfied with the care they received and thought staff were approachable, committed and caring. One patient however would like the practice to do more chase up referrals to other services, having experienced delays and cancellations.

The Drive Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP Specialist Adviser.

Background to The Drive Surgery

The Drive Surgery is located in Cranbrook in north east London. It is one of the 47 member GP practices in NHS Redbridge Clinical Commissioning Group (CCG).

The practice serves a mixed population (29% White, 14% Asian / British Asian, 5% Black / African / Caribbean / Black British), and is located in the fifth less deprived decile of areas in England. At 79 years, male life expectancy is the same as the England average, and at 83 years female life expectancy is also the same as the England average.

The practice has approximately 5,500 registered patients. It has a higher proportion of patients in the 0 to 14 years and 25 to 39 years age ranges compared with the England average, and fewer patients in the 45 to 85+ years age range. Services are provided by The Drive Surgery partnership under a General Medical Services (GMS) contract with NHS England. The partnership is made up of two GPs.

The practice is housed in a converted residential property. The premises are cramped, the layout is poor, and the decorations, floor coverings and some furniture are worn out. The landlord has plans in place to enable the provider to move into a neighboring building where refurbishment had been completed, however this is subject to planning permission which at the time of the inspection has been

rejected. The landlord is appealing this decision. The provider is holding off taking action to remedy shortfalls identified in a fire risk assessment and an infection prevention audit carried out in January 2016 because of the planned move.

There were two consulting rooms and a nurse's room. Patients accessed the nurse's room and the patient toilet by walking along the open administration area behind the front desk. There was a ramp and hand rail to the entrance of the practice and on street parking was available nearby. There was no disabled toilet.

The two GP partners each work nine sessions a week. Both partners are female. A male long standing locum GP works two sessions a week to enable the partner to take part in learning events, staff training and running the practice. All together the GPs provide the equivalent of two whole time GPs. There is one part time nurse who works 16 hours, over four mornings a week. Clinical staff are supported by a team of part time reception staff and part time practice manager (30 hours per week).

The practice's opening times are:

- 9.00am to 6.30pm Monday to Wednesday
- 9.00am to 1.00pm on Thursday.
- 9.00am to 8.00pm on Friday

Patients are directed to an out of hours GP service outside these times.

Appointments are available between the following times

- 9.30am to 12.30pm and 4.00pm to 6.00pm Monday to Wednesday.
- 9.30am to 12.30pm on Thursday.
- 9.30am to 12.30pm, 4.00pm to 6.00pm and 6.30pm to 8.00pm on Friday.

Detailed findings

Appointments are also available at a nearby practice until 9.00pm on weekdays and between 9.00am and 5.00pm at the weekend through the Redbridge GP hub arrangements.

The Drive Surgery is registered with the Care Quality Commission to carry on the following regulated activities at 68 The Drive, Cranbrook, Ilford, Essex IG1 3HZ: Family planning, Maternity and midwifery services, and Treatment of disease, disorder or injury.

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.

We have not inspected this service before.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 21 July 2016.

During our visit we:

- Spoke with a range of staff (GPs, practice nurse, practice manager and reception staff) and spoke with patients who used the service.

- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was an incident book in the administration area. Incident recording supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed incident reports and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, procedures were made more robust to ensure urgent referrals for suspected cancer were actioned, including arrangements for ongoing monitoring of workflow through the electronic patient record and advising patients to always contact the practice if an appointment had not been received within two weeks.

Overview of safety systems and processes

The practice had some clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and 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.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow the nurse to administer medicines in line with legislation.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, and the appropriate checks through the Disclosure and Barring Service.

Other systems and processes to keep patients safe were not embedded, however, including:

- It was not possible for appropriate standards of cleanliness and hygiene to be maintained at the practice. There was a gap between the floor and the skirting in each clinical room which had not been sealed. This was a trap for microorganisms and increased the risk of cross infection to patients, staff and visitors. This shortcoming had been identified in an infection prevention audit carried out at the practice in January 2016 and the provider had agreed with the auditor to address this within three to six weeks; we found the shortcoming had not been addressed however. Other shortcomings identified in the audit had been completed in accordance with the agreed action plan. There was an infection control clinical lead in

Are services safe?

place (the practice nurse) and all staff were working through infection control update training. The provider sent us evidence within 48 hours of the inspection that all staff had completed this training.

Monitoring risks to patients

Risks to patients were assessed and some risks were well managed, however others were not always addressed quickly enough.

- There was a health and safety policy available with a poster in the administrative area which identified local health and safety representatives. A health and safety audit of the premises was pending.
- The practice had an up to date fire risk assessment, dated 22 January 2016, however action had not been taken to remedy shortfalls identified including installing fire smoke detectors and displaying the fire evacuation plan, and ensuring all portable electrical equipment is tested and labelled. The practice carried out regular fire drills.
- Clinical equipment was checked to ensure it was working properly.
- There was a legionella risk assessment in place. (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 were 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 were completing annual basic life support training. The provider sent us evidence within 48 hours of the inspection that all staff had completed this training. Emergency medicines were available in the treatment room.
- The practice had an oxygen cylinder with adult and children's masks available on the premises, but no defibrillator. The provider sent us evidence within 48 hours of the inspection that it had purchased a defibrillator. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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 95.5% of the total number of points available. Exception reporting overall was 3%, which was lower than the CCG and England averages (7% and 9% respectively). It was however much higher than average in certain clinical domains: chronic kidney disease (practice 15%, CCG 6%, England 7.5%), depression (practice 64%, CCG 25%, national 24.5%), and contraception (practice 22%, CCG 8%, England 1%). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The provider told us they followed the standard criteria for exception reporting.

The practice was an outlier for the following indicators:

- The ratio of reported versus expected prevalence for Chronic Obstructive Pulmonary Disease (COPD) was 0.21 compared with the England average of 0.6. The practice offered spirometry and was monitoring the uptake of the test. Staff told us they continued to encourage patients who smoked to take the test, although those who considered themselves to be light smokers tended to decline the test. The practice's performance was comparable to the CCG average of 0.35.

- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 73% compared with England average of 82%. The practice had analysed why patients were declining the test with the help of the local cervical screening coordinator and was working hard to increase uptake. The practice's performance was comparable to the CCG average of 79%.

Performance for other QOF indicators was in line with national averages:

- Performance for diabetes related indicators was comparable to national averages, for example the percentage of people with diabetes in whom the last blood pressure reading within the preceding 12 months is 140/80 mmHg or less was 78% (national average 78%), the percentage with a record of a foot examination and risk classification within the preceding 12 months was 82% (national average 88%), and the percentage who have had influenza immunisation in the preceding 1 August to 31 March was 91% (national average 94%).
- Performance for mental health related indicators was comparable to the national average, for example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 80% (national average 88%).
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face meeting in the preceding 12 months was 79% (national average 84%).

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits carried out in the last two years, two of these were completed audits where the improvements made were implemented and monitored. The first looked at Cephalosporin and Quinolones prescribing. These are broad spectrum antibiotics and the aim of the audit was to reduce the use of these antibiotics to a minimum. The audit showed that the practice had improved and was meeting the target in 2015-16. The second completed audit looked at improving the symptoms of patients

Are services effective?

(for example, treatment is effective)

with COPD. The second cycle of the audit showed patients' medication had been reviewed and had identified those patients for whom the change in inhaler as recommended by the CCG had been beneficial.

- The practice participated in local audits and benchmarking.
- Findings were used by the practice to improve services. For example, the practice had prescribed patients with diabetes 2 medicines called glifozins in line with NICE recommendations, and had reviewed the effectiveness of this treatment in their patients to inform ongoing practise.

Effective staffing

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

- The practice could demonstrate how they provided role-specific training and updating for relevant staff, for example, for those reviewing patients with long-term conditions, and mandatory training for all staff.
- 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 nurse forums.
- 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, clinical supervision where appropriate, and facilitation and support for revalidating GPs and the nurse. All staff had received an appraisal within the last 12 months.
- Staff received training that included: basic life support, infection control. Fire safety, the Mental Capacity 2005 Act and Deprivation of Liberty Safeguards (DoLS), and safeguarding. The provider sent us evidence within 48 hours of the inspection that all staff had completed this training. 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 regular basis when care plans were reviewed and updated for patients with complex needs.

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 assessed the patient's capacity and, where necessary, worked with the carer to make a decision about treatment in the best interests of the patients. Staff recognised that a patient's capacity to consent may fluctuate, and gave patients the opportunity to come back at another time once they had had time to think about the treatment.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, 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.

Are services effective?

(for example, treatment is effective)

- The practice made use of the exercise referral scheme in Redbridge as well as smoking cessation and drugs and alcohol services.

The practice's uptake for the cervical screening programme was 73%, which was comparable to the CCG average of 79% but significantly below the national average of 82%. The practice had reviewed the uptake of the test amongst its population with the local cervical screening coordinator and continued to work hard to improve uptake. The practice demonstrated how they encouraged uptake of the screening programme, for example by providing telephone reminders, using information specifically for those with a learning disability, and ensuring a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast

cancer screening, albeit with mixed success. Bowel cancer screening uptake was similar to other practices (practice 43%, CCG 46%, England 55%), and breast cancer screening uptake was lower than other practices (practice 55%, CCG 63%, England 73%).

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to the 12 months age group ranged from 91% to 92%, and from 71% to 87% to the five year age group.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS Health Checks for patients aged 40–74. The practice was one of the best performing in Redbridge for the number of NHS health checks completed in 2014-15.

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 more private area in which to discuss their needs.

All of the 38 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered very good treatment and care and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

We spoke with seven members 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.

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

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 81% of patients said the GP gave them enough time CCG average 82%, national average 87%).
- 96% of patients said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).

- 95% of patients said they had confidence and trust in the last nurse they saw (CCG average 93%, national average 97%).
- 82% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 79%, national average 85%).
- 80% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG 82%, national average 91%).
- 58% of patients said they found the receptionists at the practice helpful (CCG average 78%, national average 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.

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:

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 75%, national average 82%).
- 74% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 76%, national average 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, either in house or through an external translation service.

Are services caring?

- Information leaflets, for example about the NHS health check, were available in community languages.

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.

The practice's computer system alerted GPs if a patient was also an unpaid carer. The practice had identified 17 patients as carers, less than one per cent of the practice population. There was no system in place to identify carers proactively.

Staff told us that if families had suffered bereavement, their usual GP would see them to offer support if needed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were hard to access because the premises were not appropriate for the services being provided. Patients accessed the nurse's room and the patient toilet by walking along the open administration area behind the front desk. This made administrative and reception staff's work more difficult and increased the risk of patient confidentiality being breached. There was no disabled toilet.

There were plans to move the practice into an adjacent residential building, however planning permission for this had been rejected. The landlord was appealing this decision. Services however continued to be provided in premises that were cramped and poorly laid out, and the decorations, floor coverings and some furniture were worn out.

In other ways however, the practice was responding to and meeting people's needs.

- The practice was open until 8.00pm on Fridays for working patients who could not attend during normal opening hours. Appointments were also available at a nearby practice until 9.00pm on weekdays and between 9.00am and 5.00pm at the weekend through the Redbridge GP hub arrangements.
- 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.
- Translation services were available and were offered in the main offered by multilingual staff at the practice, including the GPs. Translation services for languages not spoken by practice staff were also available.

Access to the service

The practice's opening times were:

- 9.00am to 6.30pm Monday to Wednesday
- 9.00am to 1.00pm on Thursday.
- 9.00am to 8.00pm on Friday

Patients were directed to an out of hours GP service outside these times.

Appointments are available between the following times

- 9.30am to 12.30pm and 4.00pm to 6.00pm Monday to Wednesday.
- 9.30am to 12.30pm on Thursday.
- 9.30am to 12.30pm, 4.00pm to 6.00pm and 6.30pm to 8.00pm on Friday.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

However, results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower than national averages.

- 61% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 37% of patients said they could get through easily to the practice by phone (national average 73%).
- 27% of patients said the last appointment they got was not convenient (national average 8%)
- 66% of patients felt they waited too long to be seen (national average 34.5%).

The practice had carried out its own patient survey earlier in 2016 to find out how patients used and understood the appointment system. The survey resulted in a set of proposals to improve access, including for example to increase the uptake of online services and telephone consultations, increase the number of phone lines into the practice, and to recruit an additional GP. However, there was no detailed action plan in place to support the implementation of these proposals.

The practice was trying to change the appointment booking system and had introduced 48 hour appointments, for example. However this had been withdrawn after it proved unpopular with patients.

Most patients on the day of the inspection told us they were able to get appointments when they needed them. Two patients told us they were aware of changes to the booking system but that the changes had not improved their experience of making an appointment: one told us the changes made it harder for them to get an

Are services responsive to people's needs?

(for example, to feedback?)

appointment when they wanted one and the other said there was a problem with trying to book an appointment by phone, instead of just turning up, because the line was often engaged.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- 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, including a practice complaints leaflet.

We looked at three complaints received in the last 12 months and found they were responded to in a timely way and that the practice was open and transparent in its response to complaints. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken to as a result to improve the quality of care. For example, the practice had reviewed its procedures to ensure patients learned their test results in a timely and appropriate way.

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 aspired to deliver high quality care and promote good outcomes for patients, however robust plans were not in place to achieve necessary improvements.

- The practice did not have a mission statement but staff shared the provider's commitment to providing good patient care and customer service.
- Emphasis was laid on the practice moving into newly refurbished premises adjacent to its existing premises. However this move was still subject to planning permission and action was not being taken to remedy shortfalls and improve services within the current premises.

Governance arrangements

The practice's governance arrangements did not wholly support the delivery of good quality care.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. There were practice specific policies available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- While quality was being monitored however, effective action was not being taken to make improvements, for example around the appointment booking system.
- Risks were being identified and recorded, however some risks were not being managed, for example risk associated with fire safety and infection control.

Leadership and culture

The partners in the practice told us they prioritised safe, high quality and compassionate care. They were relying on moving to new premises to achieve some necessary improvements to the fabric of the practice premises. There were no contingency plans in place should the move not occur within an appropriate timeframe, however.

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 in place to ensure compliance with the requirements of the duty of

candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice and the practice management team. 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, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG), and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, it had suggested a handrail alongside the ramp to the entrance of the practice to assist patients with impaired mobility, which the practice had installed.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss

Are services well-led?

Requires improvement 

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

any concerns or issues with colleagues and management. Staff told us they felt involved and

engaged to improve how the practice was run, however they felt constrained by the premises and the current layout of the administration area, and looked to a move to new premises to address difficulties and concerns.

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
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not being provided in a safe way for service users. Actions identified for urgent action through the fire risk assessment and infection prevention audit carried out in January 2016 had not been completed including:</p> <ul style="list-style-type: none">• Eliminating the gap between the floor and the skirting in each clinical room, which was a trap for microorganisms and increased the risk of cross infection to patients, staff and visitors.• Installing fire smoke detectors and displaying the fire evacuation plan.• Ensuring all portable electrical equipment is tested and labelled. <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
Treatment of disease, disorder or injury	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>The premises used by the provider were not suitable for the purpose of providing primary care services. The premises were cramped, the layout was poor, and the decorations, floor coverings and some furniture were worn out. There were no contingency plans in place to remedy these shortfalls should the proposed move to new premises not proceed within an appropriate timeframe.</p> <p>This was in breach of regulation 15(1)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Requirement notices

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Processes were not in place to improve the quality of services provided. National GP survey results showed patients found it difficult to access the service and there was no robust action plan in place to remedy this.

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