

Oak Tree Medical Centre

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

The previous inspection of this practice took place in November 2016. The overall rating for the practice at that time was requires improvement. At this time all key questions (are services safe, effective, caring, responsive and well-led) were rated requires improvement. Some of our concerns at this time related to the management of high-risk medicines at the practice, incomplete patient records and some members of the clinical team not having recent update training. Following the November 2016 inspection, we issued the practice regulation notices in respect of Regulations 12,17 and 18 of the Health and Social care Act (RA) Regulations 2014.

The key questions for this inspection report are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) - Good

We carried out an announced inspection at Oak Tree Medical Centre on 8 November 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements following the November 2016 inspection.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice was active in the community where it is based. Members of staff gave talks local schools and

Summary of findings

the practice was involved with a number of local projects including one which sought to ensure pathways to care were available for patients with a history of substance and alcohol misuse.

- 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.
- The Quality Outcomes Framework (QOF) showed the patient outcomes at the practice were comparable with the Clinical Commissioning Group (CCG) and national averages.
- The practice ensured patients had good access to care by offering extended hours surgery, telephone and email consultations, as well as offering appointment booking on the practice website.

The areas where the provider **should** make improvements are:

- To reinstate the system for monitoring of the usage of prescription pads within the practice.
- Continue to review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is available to them.
- Ensure that needle-stick posters are displayed in all clinical rooms.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

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

Oak Tree Medical 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 and a practice manager adviser.

Background to Oak Tree Medical Centre

Oak Tree Medical Centre is located in a residential area of the London Borough of Redbridge. The practice is located on two floors of purpose-built premises. There is free parking on the streets nearest to the practice, and the practice has parking bays for disabled patients at the front of the practice. The nearest bus stop is approximately five minutes' walk from the practice.

There are approximately 12650 patients registered at the practice. Statistics show moderate to low income deprivation among the registered population. Information published by Public Health England rates the level of deprivation within the practice population group as five on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The registered population is higher than the national average for those aged between 25-39. Patients registered at the practice come from a variety of backgrounds including Asian, Western European, Eastern European and African Caribbean. Forty two percent of patients have a long-standing health condition compared to the CCG average of 48%.

Care and treatment is delivered by nine GPs including two partners and seven salaried doctors (three male and six female) who deliver 48 clinical sessions weekly. The

practice is currently hosting three GP registrars (two male and one female). There are two nurse prescribers (female), one practice nurse (female) and one healthcare assistant (female) who deliver twenty sessions weekly. Thirteen administrative and reception staff work at the practice and are led by a practice manager.

The practice reception opening times are:-

8am - 7:30pm (Monday, Friday)

8am - 8pm (Tuesday, Wednesday)

8am - 6:30pm (Thursday)

Clinical sessions are as follows:-

8am - 7:20pm (Monday, Friday)

8am - 7:50pm (Tuesday)

9am - 7:50pm (Wednesday)

8am - 6:20pm (Thursday)

The practice offers extended hours surgery on Monday, Tuesday, Wednesday and Friday evening. Patients can book appointments in person, by telephone and online via the practice website.

Patients requiring a GP outside of practice opening hours are advised to contact the NHS GP out of hours service on telephone number 111.

The practice has a Personal Medical Services (PMS) contract. PMS contracts are nationally agreed between the General Medical Council and NHS England. The practice is registered to provide the following regulated activities:-

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

Detailed findings

- Surgical procedures

Services at this practice have been commissioned by NHS Redbridge Clinical Commissioning Group (CCG).

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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). We viewed five staff files, all of which contained a DBS check for the related member of staff.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. We viewed the latest NHS England infection control audit for the practice. This audit was conducted in July 2015. All recommended actions from the audit had been completed by the practice. However, we did not see any internal infection control audits that the practice had conducted since the July 2015 audit.

- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- We noted that there were no notices in clinical rooms of what to do in the event of a needlestick injury. We spoke to the practice manager about this who informed us that the posters had been installed in each room, but was unaware that they were no longer there. She stated that the posters were to be re-installed the following day.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. The inspection team looked at a sample of patient records and found that these had been completed to satisfactory standard.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

Are services safe?

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment generally minimised risks. On the day of inspection, we noted that the main refrigerator where vaccines were stored was not kept entirely clean, with hair and dust stuck under the bottom shelf. In addition, some vaccines stored in the fridge had been placed too close to the back of the refrigerator, causing the packaging to be floppy and making it difficult to read some of the printed information on the side of the packaging. When we pointed these issues out to a member of the clinical team, they rearranged the vaccines held in the refrigerator to ensure that no vaccines were touching the back of the fridge and wiped clean the dust and hair that had accumulated at the bottom of the fridge, whilst a member of the inspection team was present.
- The practice kept prescription stationery secure; however it did not effectively monitor prescription usage. Staff at the practice told us that they knew numbers of prescriptions given to clinical staff, but that no formal log currently was being kept. A log had been kept in the past but had not been maintained.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up appropriately. The practice involved patients in regular reviews of their medicines. For example, patients with long term conditions were invited in for annual medicines reviews.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. We saw an example of this which the practice had recorded in their significant event log. This example was related to an event where a patient whom the practice had referred for secondary care, had not received any information from either the practice or the local hospital regarding tests they had undertaken. The patient came to surgery to find out why they had not heard any information regarding the test results. The practice contacted the hospital and it was discovered that results from the test had been discussed amongst consultants at the hospital, but not disseminated to the patient or the practice for follow-up. The practice wrote to the all parties who were involved in the care of this patient regarding concerns of lack of communication between secondary care team, the patient and the practice. The ambulatory care team responded saying that they missed following-up on the patient and that it was not acceptable and offered an apology to both the patient and the practice. As a result of this significant event, the practice has now changed its policy to ensure that all referrals to external care are followed up within a certain timeframe. In addition, clinical staff now advise patients referred to secondary care to book an appointment with their GP for a follow-up and review of their care.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- The surgery conducts over 65 pulse checks for this population. The purpose of the exercise is to identify patients with un-diagnosed AF. These patients are also offered the annual flu jabs. Those over 70 who meet the criteria for the shingle vaccine are also offered this.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

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.
- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The Quality Outcomes Framework (QOF) recorded the practice as comparable to the CCG average on all three

identified diabetes indicators. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 73%, compared to the CCG average of 71% and the national average of 80%.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. The overall uptake rate for the vaccines given was not in line with the target percentage of 90% or above. The practice was aware of this and told us that they were continuing to contact patients who were due vaccinations. Opportunistic vaccinations were given (subject to consent) if patients had attended the practice for another issue.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal and post-natal clinics.
- The practice also offers chlamydia screen for young people.

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

- The practice's uptake for cervical screening was 65%, which is below the 80% coverage target for the national screening programme. We spoke with the practice who acknowledged they were aware that the take up rate for the practice was below the national and believed this was due to the cultural variation of the practice list. The practice nurse we spoke to on the day told us that educating women regarding the importance of having the screening was a priority. The practice is continuing to contact patients who have not had recent screening. Opportunistic screening (subject to consent) was also undertaken.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

Are services effective?

(for example, treatment is effective)

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- 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 held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice has an active register of patients with learning difficulties. These patients are invited on annual basis for health checks.

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

- 100% (57 patients) at the practice diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was above the national average of 84%.
- 95% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the national average of 89%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 96%, compared to the CCG average and national average of 90%.
- Patients with poor mental health had a structured annual review to check their health and medicines needs were being met.
- The practice actively refers patients to local Improving Access to Psychological Therapies (IAPT).

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

The most recent published Quality Outcome Framework (QOF) results were 98% of the total number of points available compared with the clinical commissioning group (CCG) average and national average of 95%. The overall exception reporting rate was 7% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice was actively involved in quality improvement activity. The practice had undertaken two two-cycle audits during the past 24 months. We viewed a re-audit which looked at patients on methotrexate and under shared care, to ensure that blood test and prescribing of this medicine at the practice was being undertaken correctly. Methotrexate is a medicine prescribed for a number of conditions including arthritis and shared care is when a patient is under the care of both the practice and hospital. Of the 41 patients identified during this audit, 31 patients had an up to date blood test, whilst the remaining 10 patients' records indicated that blood tests were required before a new prescription for this medicine could be issued. As a result of the re-audit, the practice identified that as well as receiving quarterly blood tests, in order for the practice to monitor that a patient is receiving the correct dosage of medicine, patients new prescribed methotrexate should also receive folic acid to aid in keeping cells within the body active.
- Where appropriate, clinicians took part in local and national improvement initiatives. We saw an example of this, where the practice had conducted a review of patients prescribed a specific combined corticosteroid inhaler to initiate a change in medication to a single steroid inhaler (corticosteroids are anti-inflammatory medicines used to treat a range of conditions). This review was conducted following advice and audit set by the local CCG.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

Are services effective?

(for example, treatment is effective)

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- 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. We saw evidence of this on a care plan for palliative care patient where the practice had spoken with the patient's next of

kin regarding the patient preference for care to be provided at home or in hospital. The plan had been updated to reflect the discussion with outcomes and this was retained on the patient's clinical record.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice through the 'Gold Standard' framework identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. We spoke with a member of the clinical staff regarding what they would do to gain consent from a person with learning difficulties before conducting treatment. This member of staff explained what they would do to satisfy themselves that the person they were about to give treatment to understood what was going to occur following their discussion.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- 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.
- The majority of the patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Three hundred and fifty five surveys were sent out and 115 were returned. This represented less than 1% of the practice population. The practice results were below the national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 82% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 80% of patients who responded said the GP gave them enough time compared with the CCG average of 82% and the national average of 86%.
- 85% of patients who responded said they had confidence and trust in the last GP they saw compared with the CCG average of 94% and the national average of 95%.
- 78% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 81% and the national average of 86%.

- 80% of patients who responded said the nurse was good at listening to them compared with the CCG average of 84% and the national average of 91%.
- 84% of patients who responded said the nurse gave them enough time compared with the CCG average of 84% and the national average of 92%.
- 96% of patients who responded said they had confidence and trust in the last nurse they saw compared with the CCG average of 94% and the national average of 97%.
- 81% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 83% and the national average of 91%.
- 75% of patients who responded said they found the receptionists at the practice helpful compared with the CCG average of 78% and the national average of 87%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 144 patients as carers which is more than 1% of the practice list.

- Following our last inspection in November 2016, the practice looked again at how it identified patients with caring responsibility. We were told by the practice that

Are services caring?

clinical staff have been asked to identify patients with caring responsibilities. Patients who come in for a consultation are asked whether they have caring responsibilities. We also saw notices within the practice asking patients who were carers to identify themselves to clinical staff. The practice are then able to signpost those who require assistance to various services supporting carers within the local area.

- 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.

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

- 84% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 83% and the national average of 86%.
- 74% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 78% and the national average of 82%.
- 81% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 83% and the national average of 90%.

- 76% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 78% and the national average of 85%.

The practice told us that they had made efforts to ensure that results from the 2017 National GP Patient Survey showed improvement from the results that the practice achieved in the 2016 patient survey. This was done through patient satisfaction surveys and work with the patient participation group (PPG). We saw an example of this through sight of meeting minutes of the PPG where there was a discussion held between the practice and PPG members regarding the increased use of practice receptionists to answer the practice telephones during busy periods to allow patients more access to book appointments.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998. Staff at the practice told us that all computers were locked and access cards removed when they were not working at a computer terminal. All paper containing sensitive information was stored in secure lockable cabinets.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services across all population groups.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. Oak Tree Medical Centre offered extended hours surgery four days a week (Monday, Tuesday, Wednesday and Friday) and patients were able to pre-book appointments up to four weeks in advance. The practice website allowed registered patients to book appointments and request repeat prescriptions online. In addition, the practice website listed details regarding clinics held at the practice as well as information regarding some practice policies and procedures.
- The practice improved services where possible in response to unmet needs. For example, the practice has been accredited to level three to provide minor surgery for its patients, and patients were referred from neighbouring practices.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. The practice website allowed for patients to access services such as requesting repeat prescriptions and booking appointments, however the website could not be translated into other languages, in order to allow patients for who English is not their first language access to the information on the website. The practice had a hearing loop and a British Sign Language (BSL) interpreter could be booked for patients who communicate through sign language.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice provided a dedicated phone line for cancellation of appointments to minimise the number of missed appointments.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GPs and practice nurses also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- Patients within this population group who were identified as vulnerable had an alert put on their patient record.
- Longer appointments were available if required.
- The practice provided a phlebotomy service for patients unable to travel to one of the centralised phlebotomy clinics within the CCG.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. The practice policy was one condition per an appointment except during annual reviews, and consultation times were flexible to meet each patient's specific needs.
- The Quality Outcomes Framework (QOF) recorded the practice as scoring lower than the CCG average on two of the three identified diabetes indicators. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 77%, compared to the CCG average of 76% and the national average of 80%.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found 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. Records we looked at confirmed this.
- Immunisation uptake rates for the standard childhood immunisations were mixed. The practice did not achieve the national target of 90% for all vaccines for children under two years-old, although they had achieved the national target for children aged one receiving the recommended vaccines. The practice vaccine rate for

Are services responsive to people's needs?

(for example, to feedback?)

children up to five years old was below the national average. We spoke with the practice regarding the low vaccine take up rate and they informed us that they would continue with their programmes of contacting parents of children who had not received recommended vaccines, opportunistic vaccinations and patient education regarding the benefits of childhood vaccinations.

- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice offered extended opening hours four days a week and patients had access to Saturday appointments through the practice participation in the local GP Federation.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- 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.

People whose circumstances make them vulnerable:

- The practice offered longer appointments for patients with a learning disability.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- 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
- The practice worked alongside the Welcome Project in Redbridge to improve access to care for those who are homeless. The project provides information, advice and guidance on a range of issues associated with homelessness.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 95% of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in their record in the preceding 12 months, which is comparable to the CCG average and the national average of 90%.
- The practice hosts an IAPT counsellor on site three days a week.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately. Patients we spoke to on the day said that most times appointments ran to time and that if they had to wait for an extra 5 - 10 mins they were unconcerned as it meant that clinicians were doing their job thoroughly.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.
- The practice had a dedicated telephone number for patients wishing to cancel an appointment.

Results from the July 2017 annual national GP patient survey showed mixed patient satisfaction with how they could access care and treatment compared to local and national averages. This was supported by observations on the day of inspection and completed comment cards. Three hundred and fifty five surveys were sent out and 115 were returned. This represented about 1% of the practice population.

- 79% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 70% and the national average of 76%.

Are services responsive to people's needs?

(for example, to feedback?)

- 37% of patients who responded said they could get through easily to the practice by phone compared with the CCG average of 51% and the national average of 71%.
- 66% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 76% and the national average of 84%.
- 57% of patients who responded said their last appointment was convenient compared with the CCG average of 68% and the national average of 81%.
- 49% of patients who responded described their experience of making an appointment as good compared with the CCG average of 58% and the national average of 73%.
- 47% of patients who responded said they don't normally have to wait too long to be seen compared with the CCG average of 43% and the national average of 58%.

On the day of inspection, we spoke with the practice regarding the mixed results from the latest National GP Patient Survey. The practice told us they were aware of the results, had completed analysis of the results and discussed them at a recent practice meeting. We saw evidence of this through an action plan the practice had devised to improve patient satisfaction scores. One of the actions on the plan was to promote the use of booking appointments online to patients, to enable patients who do not have access to the internet and those who require urgent appointments quicker access to the practice via the practice telephone lines.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Three complaints were received in the last year. We reviewed all three complaints and found that they were satisfactorily handled in a timely way.

The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. One of the complaints we viewed related to an incident between a patient and a member of the reception team. The complainant was unhappy at the response that they received from the reception team when they tried to make an appointment over the telephone. We saw evidence that the practice acknowledged receipt of the complaint. An investigation was conducted by the practice manager to gain further knowledge of the events which prompted the complaint. Following the investigation, the practice wrote to the complainant with a detailed response and an apology for any distressed caused by the incident. As a result of the complaint, all staff were reminded of the need to be courteous and respectful to patients at all times and staff members received refresher customer service training.

Are services well-led?

Good 

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

Our findings

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population. An example of this is the work the practice provides as part of shared care services to patients with alcohol and substance misuse history.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients. As part of a presentation given to the inspection team, a graphic

representation of the practice priorities was shown to us, which had patients at the centre of the work of the practice, surrounded by the different teams and the work they conduct within the practice.

- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. We saw this through the examples quoted in key questions effective and responsive. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- The practice was a training practice and supported student registrars. On the day of inspection, the practice was hosting two student registrars.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams. Staff we spoke to on the day of inspection told us that were happy to work at Oak Tree Medical Centre and could approach any member of staff to ask for advice.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out,

Are services well-led?

Good 

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

understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control, however we did not see evidence of any internal infection control audits.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints. We saw evidence of this through sight of practice clinical meeting minutes where the doctors in attendance brought case studies of patients they had been providing care to, for discussion with their colleagues. The discussions were held so that best practice was shared in an environment where all in attendance could benefit.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- There was an active patient participation group. We spoke with two members of the patient participation group (PPG) who told us that the practice was open and transparent with members of the group and attended all PPG meetings.
- The practice was active within the community that it was located. We saw an example of this through a letter of thanks sent to the senior partner from a local school regarding the talks given by a member of the clinical staff at a local school.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. As well as being a training practice affiliated to a number of medical schools in London, the practice has 3 accredited trainers based at the practice.

Are services well-led?

Good 

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

- The practice provided talks for patients with long term condition, for example with patients with diabetes had received a talk by clinical staff. The talks were given to encourage patients to gain further knowledge and awareness about their condition.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- The practice participated as part of a collection of local organisations who collectively worked with patients with substance misuse, to improve their access to care and in the process address other medical concerns.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- To minimise the number of 'Did Not Attend' (DNA's) appointments, the practice has introduced text reminders of appointments to patients.