

# Castleton Road Health 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 caring?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Castleton Road Health Centre on 26 October 2016. We rated the practice as requires improvement overall and requires improvement for providing safe and caring services. Following this inspection we told the practice they must ensure systems to assess and mitigate against risks including risks associated with infection prevention and control and legionella were effective. We also told the practice that staff recruitment procedures must always include relevant pre-employment checks. We served requirement notices relating to the practice's failure to comply with Regulation 12 (Safe care and treatment) and Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The full comprehensive report on the October 2016 inspection can be found by selecting the 'reports' link for the Castleton Road Health Centre on our website at <http://www.cqc.org.uk/location/1-565600548>. After the inspection, the practice sent us a plan of the action it intended to take to improve the quality of care and meet the legal requirements under the key question, Safe.

This inspection was an announced focussed inspection carried out on 8 August 2017 looking at the issues previously identified and to check and confirm that the practice had carried out its plan to meet the legal requirements. We found that the practice had taken appropriate action to meet the requirements of the regulations relating to providing a safe and caring service.

Accordingly, we have revised the practice's ratings in respect of providing a safe and caring service, which has led to a revision in the overall rating to Good.

Our key findings were as follows:

- The practice had undertaken a risk assessment to monitor the safety of the premises including risks associated with infection prevention and control (IPC) and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There was an IPC protocol and we saw that annual IPC audits were undertaken. We saw evidence that action was taken to address any improvements identified as a result.
- There were emergency medicines available in the treatment room and these were easily accessible to staff and all staff knew of their location.

# Summary of findings

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was a process in place to ensure that emergency equipment was checked regularly so that it was ready for use when it was needed.
- All staff, including GP's, had completed customer care training and this had included skills coaching around questioning and active listening.
- The practice had undertaken a follow-up patient survey and provided the option to respond to either of visual or text based responses which meant that patients who had difficulty reading English text could participate in the survey.

- The practice participated in the monthly NHS Friends and Family Test (FFT) and were able to demonstrate consistently high percentages of patients saying they would recommend the practice to friends or family members.

However, there were areas of practice where the provider should make improvements. The provider should:

- Continue to monitor patient satisfaction levels reflected in the national GP patient survey with a view to bringing about further improvements.

**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?

At our previous inspection, we rated the practice as requires improvement for providing safe services as systems to assess and mitigate against risks including risks associated with infection prevention and control and legionella were not effective and staff recruitment procedures did not always include relevant pre-employment checks.

At this inspection, we found that improvements had been made and the practice is now rated as good for providing safe services.

- The practice had a variety of risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection prevention and control (IPC) and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There was an IPC protocol and we saw that annual IPC audits were undertaken. We saw evidence that action was taken to address any improvements identified as a result. For instance, the audit had found that the procedure for managing sharps injuries was not available in all consulting and treatment rooms and we saw that this had been remedied.
- There were emergency medicines available in the treatment room and these were easily accessible to staff and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was a process in place to ensure that emergency equipment was checked regularly so that it was ready for use when it was needed. A first aid kit and accident book were available.

Good



### Are services caring?

When we inspected in October 2016, we rated the practice as requires improvement for providing caring services as results from the national GP survey showed that patient satisfaction levels regarding continuity of care and patients' satisfaction with GP consultations, were lower than local and national averages.

- The practice had reviewed the findings of the national GP survey published in July 2016 and developed an action plan to bring about improvements in areas where satisfaction levels were lower than local and national averages.

Good



# Summary of findings

- All staff, including GP's, had completed customer care training and this had included skills coaching around questioning and active listening. GPs told us this had helped them to improve how patients expressed their own views on their care as well as their concerns and expectations.
- In addition to the customer care training, non-clinical staff had also attended an externally facilitated, in-house workshop to help staff apply the training in the practice environment.
- The practice had undertaken a follow-up patient survey and provided the option to respond to either of visual or text based responses which meant that patients who had difficulty reading English text could participate in the survey.
- The practice also participated in the monthly NHS Friends and Family Test (FFT) and were able to demonstrate consistently high percentages of patients saying they would recommend the practice to friends or family members. For example, we looked at the results from January and February 2017 and saw that these were 100% and 93% respectively.
- The practice analysed additional comments provided by patients on the FFT form and displayed actions taken as a result.
- The practice nurse, who was new to general practice nursing, was given suitable support which included access to regular mentoring from an experienced practice nurse from a different practice. This had involved regular observation and feedback sessions.
- Carers were offered a Carer's Health Check and we saw that the practice had designed a template for these which included questions around the effect being a carer had on mental health.
- The practice had appointed a named Carer's Champion who coordinated support given to carers and maintained the dedicated 'Carer's Corner' display in the waiting area.
- The practice had also recently begun working with a national organisation specialising in supporting older people, to provide a Care Navigation Service at the surgery.

# 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 had taken action to resolve the concerns for safe and caring services identified at our inspection on 26 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

The provider had taken action to resolve the concerns for safe and caring services identified at our inspection on 26 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Families, children and young people

The provider had taken action to resolve the concerns for safe and caring services identified at our inspection on 26 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



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

The provider had taken action to resolve the concerns for safe and caring services identified at our inspection on 26 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

The provider had taken action to resolve the concerns for safe and caring services identified at our inspection on 26 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



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

The provider had taken action to resolve the concerns for safe and caring services identified at our inspection on 26 October 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Castleton Road Health Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

The inspection was led by a CQC Lead Inspector

## Background to Castleton Road Health Centre

Castleton Road Health Centre (Dr M.A Quraishi & Partner) provides primary medical services in Ilford to approximately 4500 patients and is a member of NHS Redbridge Clinical Commissioning Group (CCG).

The practice population is in the fifth least deprived decile in England. It has higher than average levels of income deprived children and older people. Twenty-four percent of children are affected by income deprivation (CCG average 19%, national average 20%). 27% of older people are affected by income deprivation (CCG average 21%, national average 16%). The practice had surveyed the ethnicity of the practice population and had determined that 29% of patients described themselves as white, 52% Asian, 12% black and 7% as having mixed or other ethnicity.

The practice operates from a converted residential property with all patient facilities on the ground and first floors. The ground floor is wheelchair accessible. There are offices for administrative and management staff on the ground and first floors. All floors are accessed via stairs.

The practice operates under a General Medical Services (GMS) contract and provides a number of local and national enhanced services (enhanced services require an increased level of service provision above that which is normally required under the core GP contract). The enhanced services it provides are: childhood vaccination

and immunisation scheme; extended hours access; facilitating timely diagnosis and support for people with dementia; improving patient online access; influenza and pneumococcal immunisations; learning disabilities; patient participation; risk profiling and case management; rotavirus and shingles immunisation; and unplanned admissions.

The practice team at the surgery is made up of one full-time female and one full-time male GP partners along with one salaried GP who works part-time. The doctors provide 17 clinical sessions per week. The nursing team consists of one part-time female practice nurse and a part-time healthcare assistant. There are eight administrative and clerical staff.

The practice opening hours for the surgery are:

Monday 9am to 1:30pm and 2:30pm to 6:30pm

Tuesday 9am to 1:30pm and 2:30pm to 6:30pm

Wednesday 9am to 1:30pm and 2:30pm to 6:30pm

Thursday 9am to 1pm

Friday 9am to 12:00pm and 2:30pm to 6:30pm

Saturday Closed

Sunday Closed

GP appointments are available:

Monday 9am to 1:30pm and 3pm to 6pm

Tuesday 10am to 12:40pm and 3pm to 6pm

Wednesday 10am to 12:40pm and 3pm to 6pm

Thursday 9am to 12:45pm

Friday 9am to 12:00pm and 3pm to 6pm

Nurse Appointments are available:

# Detailed findings

Monday 9:30am to 1:30pm and 2:30pm to 6:30pm

Tuesday 9:30am to 1:30pm and 2:30pm to 6:30pm

Extended surgery hours are available on every third Saturday between 8am and 1pm.

The practice does not open on a weekend. The practice has opted out of providing out of hours (OOH) services to their own patients when it is closed and directs patients to the OOH provider for NHS Redbridge CCG.

Castleton Road Health Centre (Dr M.A Quraishi & Partner) is registered as a partnership with the Care Quality Commission to provide the regulated activities of: maternity and midwifery services; treatment of disease, disorder or injury; diagnostic and screening procedures.

## Why we carried out this inspection

We undertook a comprehensive inspection of Castleton Road Health Centre on 26 October 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection in October 2016 can be found by selecting the 'all reports' link for Castleton Road Health Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Castleton Road Health Centre on 8 August 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.

## How we carried out this inspection

During our visit we:

- Spoke with a range of staff (two GPs and a finance manager) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Looked at information the practice used to deliver care and treatment plans.

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



# Are services safe?

## Our findings

At our previous inspection on 26 October 2016, we rated the practice as requires improvement for providing safe services.

- There were gaps in mandatory training provided to staff, in particular staff records showed that not all staff had received training in: health and safety, infection prevention and control (IPC) and information governance.
- Improvements in the recruitment process were required to ensure staff were recruited safely and checks carried out prior to staff commencing employment at the practice
- The practice did not have effective systems in place to properly assess and mitigate against risks including risks associated with infection prevention and control and legionella.
- Equipment and medicines used to manage emergencies were not checked regularly to ensure they were working properly when they were needed.

These arrangements had significantly improved when we undertook a follow up inspection on 8 August 2017. The practice is now rated as good for providing safe services.

### Overview of safety systems and process

We reviewed staff training records and found that all staff had received up to date training in health and safety control, infection prevention and control and information governance. We also noted that the practice had a system in place to ensure that managers were alerted when refresher training was about to fall due. Staff had access to and made use of e-learning training modules and in-house training.

We reviewed practice recruitment procedures and found that these included details of appropriate pre-employment recruitment checks. Although no staff had joined the practice since the inspection in October 2016, a new locum GP was due to commence at the practice shortly after this inspection. We were able to see that the practice had

undertaken the appropriate recruitment checks prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- The practice had a variety of risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There was an IPC protocol and we saw that annual IPC audits were undertaken. We saw evidence that action was taken to address any improvements identified as a result. For instance, the audit had found that the procedure for managing sharps injuries was not available in all consulting and treatment rooms and we saw that this had been remedied.

### Arrangements to deal with emergencies and major incidents

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

- There were emergency medicines available in the treatment room and these were easily accessible to staff and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was a process in place to ensure that emergency equipment was checked regularly so that it was ready for use when it was needed. A first aid kit and accident book were available.

# Are services caring?

## Our findings

At our previous inspection on 26 October 2016, we rated the practice as requires improvement for providing caring services as data from the national GP patient survey showed patients rated the practice below others for some aspects of care.

At our follow up inspection, we reviewed actions the practice had taken in response to the findings of the 2016 GP Patient Survey. We saw training records which showed that all staff, including GP's, had completed customer care training and this had included skills coaching around questioning and active listening. GPs told us this had helped them to improve how patients expressed their own views on their care as well as their concerns and expectations. In addition to the customer care training, non-clinical staff had also attended an externally facilitated, in-house workshop to help staff apply the training in the practice environment.

We also saw evidence which showed that the practice had designed and carried out a further patient survey. This survey had focused on the areas where the national GP survey had identified lower than average patient satisfaction and had used the same questions as the national GP survey. However, the practice was aware that more than half of the practice population did not speak English as a first language so as well as providing response options in text format, survey forms had included visual options, using faces with smiles and frowns to indicate levels of satisfaction and dissatisfaction. The survey was carried out over a two day period and had received 49 responses. Results from this survey showed that satisfaction levels were higher than at the time of the national survey. For instance, 88% of patients said their GP was good at involving them in decisions about their care whilst 86% said their GP was good at listening.

The practice also participated in the monthly NHS Friends and Family Test (FFT) and were able to demonstrate consistently high percentages of patients saying they would recommend the practice to friends or family members. For example, we looked at the results from January and February 2017 and saw that these were 100% and 93% respectively. The practice analysed additional comments provided by patients on the FFT form and displayed actions taken as a result. For instance, the practice told us that patients had commented that they would like to be kept

informed when appointments were running late and we saw a notice explaining that the practice had arranged for the display screen in the waiting area to be programmed to indicate when and clinician was running late and by how long.

Patients are also encouraged to complete patient comments forms which are readily accessible near the waiting room and we saw minutes which showed that comments were discussed during partner meetings.

### Kindness, dignity, respect and compassion

When we inspected in October 2016, results from the national GP patient survey showed how patients felt they were treated in regard to compassion, dignity and respect. The practice was below the CCG and national averages for its satisfaction scores on consultations with GPs and below the national average for consultations with nurses.

We looked at data from the most recent national GP patient survey which was published in July 2017 and found that there were improvements in most areas and although satisfaction scores were lower for some aspects of the service provided, these were comparable to CCG and national averages.

For example:

- 84% of patients now said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%. This was an improvement of 9%.
- 77% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 89%. This was an improvement of 1%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%. This was an improvement of 7%.
- 75% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 86%. This was an improvement of 6%.
- 82% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 91%. This was 1% lower than the previous survey but was still comparable to the local average.

## Are services caring?

- 76% of patients said they found the receptionists at the practice helpful compared to the CCG of 78% and the national average of 87%. This was 8% lower than the previous survey but was still comparable to the local average.

We asked the practice about the results which were lower than at the time of the previous inspection. We were told that the practice nurse had been new to general practice nursing, having previously been employed in general nursing and had needed time to adjust to the practice nursing environment. The practice had supported the nurse with their training and had arranged for them to receive regular mentoring from an experienced practice nurse in a different practice. This had involved regular observation and feedback sessions.

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

During our inspection in October 2016, results from the national GP patient survey showed how patients responded to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages.

We looked at data from the most recent national GP patient survey which was published in July 2017 and found that there were improvements in most areas and although satisfaction scores were lower for some aspects of the service provided, these were comparable to CCG and national averages.

For example:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%. This had improved from 69% at the previous inspection.
- 74% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%. This was an improvement of 17%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about involving them in decisions about their care compared to the CCG average of 78% and the national average of 85%. This was lower than the 83% at the time of the last inspection.

### Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. The practice had dedicated display areas for each of the six population groups used by CQC for inspection and reporting purposes and each of these contained information relevant to that group. For instance, there was a notice board especially for children and young families and this included details of childhood immunisations, whilst a notice board for people experiencing poor mental health had provided information about counselling services and appropriate support organisations.

The practice's computer system alerted GPs if a patient was also a carer and had identified 41 patients as carers (1% of the practice list). All registered carers were offered a Carer's Health Check and we saw that the practice had designed a template for these which included questions around the effect being a carer had on mental health. Carers received printed details of the Redbridge Carers Support Service and were provided with details of benefits and allowances available to carers as well as respite funding for eligible carers. Written information was available to direct carers to the various avenues of support available to them. The practice had appointed a named Carer's Champion who coordinated support given to carers and maintained the dedicated 'Carer's Corner' display in the waiting area. The practice had also recently begun working with a national organisation specialising in supporting older people, to provide a Care Navigation Service at the surgery. This involved hosting an experienced care navigator who worked alongside the Carer's Champion and provided support to older people coordinating local health care, social care, and secondary care. This also involved signposting older people, including those with long term health conditions, towards additional support where this was helpful. The practice told us this helped patients to live more independent and healthier lives.