

# The Rosewood Medical Centre

## Quality Report

30 Astra Close  
Elm Park  
Hornchurch  
Essex  
RM12 5NJ  
Tel: 01708 523 168  
Website: [WWW. rosewood.gpsurgery.net](http://WWW.rosewood.gpsurgery.net)

Date of inspection visit: 25 March 2015  
Date of publication: 13/08/2015

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

### Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9
Areas for improvement	9

### Detailed findings from this inspection

Our inspection team	10
Background to The Rosewood Medical Centre	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Rosewood Medical Centre on the 25 March 2015. Overall the practice is rated as Good.

Specifically, we found the practice to be good for providing safe, effective, caring, responsive and well-led services. It was also good for providing services for 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 and people experiencing poor mental health (including people with dementia).

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.

- Risks to patients were assessed and well managed, with the exception of those relating to staff training in infection control and non-clinical staff training in safeguarding adults and children.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had not always received training appropriate to their roles and any further training needs had not been identified and planned.
- 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.
- Patients said there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

In addition the provider should:

# Summary of findings

- Ensure all staff receives appropriate training in infection control and all non-clinical staff receives training in safeguarding adults and children.
- Ensure a Legionella risk assessment is completed to reduce the risk of infection to staff and patients.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep patients safe.

Good



### Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patient's needs were assessed and care was planned and delivered in line with current legislation. Staff were committed to working collaboratively and people who had complex needs were supported to receive coordinated care. Staff appraisals and personal development plans were in place for all staff.

The practice had numerous ways of identifying patients who needed additional support, and it was pro-active in offering additional help. For example, the practice kept a register of all patients with a learning disability and they were all offered an annual physical health check. Similar mechanisms for identifying 'at risk' groups were used for patients who were carers, obese, experiencing mental ill health and those receiving end of life care. These groups were offered further support in line with their needs and were offered advice on how to access support networks.

Good



### Are services caring?

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect. The data from the GP Patient Survey 2014 told us patients had confidence in the clinical staff they saw. The majority of patients said they had confidence and trust in the last GP they saw or spoke to and said the same about the last nurse they saw. Patients were positive about their experience during consultations with the GPs with most stating the GP was good at listening to them. Information to help patients understand the services available was easy to understand. We also saw that staff treated patients with kindness, respect and maintained confidentiality.

Good



# Summary of findings

Notices in the patient's waiting room, told patients how to access a number of support groups and organisations.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand. The practice responded quickly to issues raised and learned from complaints. The practice had a 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. Patients were provided with the contact details of The Independent Complaints Advocacy Services (ICAS) and the Patient Advice and Liaison Services (PALS) to support them with their complaints.

Good



## Are services well-led?

The practice is rated as good for providing well-led services. It did not have a clear vision and strategy, but staff were clear about their responsibilities to deliver high quality care and promote good outcomes for patients. 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 governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



# 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 practice is rated as good for the care of older people. Older people were cared for with dignity and respect. The practice was responsive to their needs, and there was evidence of working with other health and social care providers to provide safe care. We found that older patients identified at risk of isolation were discussed at monthly clinical meetings as well as multi-disciplinary meetings to monitor their care and address the support they required as necessary. We found that 71.43% of patients aged 65 and older had received the seasonal flu vaccination. Home visits were also made to older patients. There was evidence of learning and sharing of information to help improve care delivery. There were structured and meaningful discussions in meetings to resolve issues in a time-bound and effective manner.

Good



### People with long term conditions

The practice is rated as good for the care of people with long term conditions (LTCs). There was evidence of patients with LTCs receiving effective and responsive care. Clinical staff had the knowledge and skills to respond to the needs of patients with cardiovascular diseases, diabetes mellitus, asthma and chronic obstructive pulmonary disease (COPD).

There was a palliative care (end of life) register and patients on the register were discussed at the palliative care meetings. Patients with suspected cancers were referred and seen within two weeks. We saw minutes from meetings where regular reviews of elective and urgent referrals were made, and that showed improvements to practice were shared with all clinical staff. Longer appointments were also available for patients with long-term conditions.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. GPs were appropriately using the required codes on their electronic case management system to ensure risks to children and young people who were looked after or on child protection plans were clearly flagged and reviewed. Records demonstrated good liaison with partner agencies such as the police and social services. There were suitable safeguarding policies and procedures in place, and staff we spoke with were aware of how to report any concerns they had.

The practice offered a full range of immunisations for children, which included travel vaccines and flu vaccinations in line with

Good



# Summary of findings

current national guidance. Last year's performance for all immunisations was above average for the Clinical Commissioning Group (CCG), and there was a clear policy for following up non-attenders by the named practice nurse. Appointments were made available outside of school hours for children and young people and we saw that premises were suitable for children and young people.

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

Good



The practice is rated as good for the care working-age people (including those recently retired and students). There were a variety of appointment options available to patients such as telephone consultations, on-line booking and extended hours. The practice was performing well in undertaking cervical smear examinations and performance for cervical smear uptake was higher than other practices in the CCG area. Patients who did not attend for cervical smears were followed up and the uptake for health and blood pressure checks for working age patients was high.

## **People whose circumstances may make them vulnerable**

Good



The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice had policies in place relating to the safeguarding of vulnerable adults and whistleblowing. Staff we spoke with were aware of their responsibilities in identifying and reporting concerns.

The practice had numerous ways of identifying patients who needed additional support. Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Notices in the patient waiting room, told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer.

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

Good



The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice provided a caring and responsive service to people experiencing poor mental health.

Staff gave examples of how they responded to patients experiencing a mental health crisis, including supporting them to access emergency care and treatment. The practice worked closely with the

# Summary of findings

local mental health team. All clinical staff had received training in the Mental Capacity Act 2005 and were able to demonstrate an understanding of key parts of the legislation and describe how they implemented it in their practice.

# Summary of findings

## What people who use the service say

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the 2014 GP Patient Survey and a practice survey completed in March 2015, which comprised of each GP partner obtaining at least 35 surveys completed by their patients. The results highlighted that patients were satisfied with how they were treated and 100% of patients said they were completely happy to see the GP they saw again.

The data from the GP Patient Survey told us patients had confidence in the clinical staff they saw. For example, 87% said they had confidence and trust in the last GP they saw or spoke with and 97% of patients said the same about the last nurse they saw. Patients were positive about their experience during consultations with GPs and 70% practice respondents said their GP was good at listening to them, describing their experience as very good.

However, the GP Patient Survey results and CQC comment cards we received showed patients responded

negatively to questions about their involvement in planning and making decisions about their care and treatment. For example, 60% of patients said the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care, compared to the national average of 82% and CCG average of 75% and only 65% said the last time they saw their GP they were good or very good at treating them with care and concern, compared to the national average of 79% and CCG average of 85%. Seven CQC comments cards included negative comments about the GPs. The practice informed us they had acknowledged the poor results from the GP Patient Survey and had discussed the results in their partners meetings and had booked a GP consultation course for all the GPs to attend in June 2015 to help improve their consultation skills. They had also decided that all clinicians would call their patients in for consultation to assist with patient interaction before patients began talking about their reasons for the visit.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Ensure all staff receives appropriate training in infection control and all non-clinical staff receives training in safeguarding adults and children.

- Ensure a Legionella risk assessment is completed to reduce the risk of infection to staff and patients.

# The Rosewood Medical Centre

## 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 and an expert by experience who were granted the same authority to enter registered persons' premises as the CQC inspector.

## Background to The Rosewood Medical Centre

Rosewood Medical Centre is situated in Elm Park, Hornchurch in Essex within NHS Havering Clinical Commissioning Group. The practice holds a General Medical Services contract (Primary Medical Services agreements are locally agreed contracts between NHS England and a GP practice) and provided a full range of enhanced services including adult and child immunisations, learning disabilities services and minor surgery.

The practice is registered with the Care Quality Commission to carry on the regulated activities of Diagnostic and screening procedures, Surgical procedures, Maternity and midwifery services, Treatment of disease, disorder or injury and Family planning.

The practice had a patient list of just over 9000 at the time of our inspection.

The staff team at the practice included six partner GPs, two registrars, two practice nurses, one healthcare assistant, a practice manager and team of administrative staff.

The GPs comprised of four male and two female GPs (all working a mix of full time and part time hours). Rosewood Medical Centre is an approved training practice for GP Registrars.

The practice was open between 08:00 and 18.30 Monday to Friday. Appointments were available all day. Extended hours surgeries operated to accommodate working patients on most week days and some Saturday mornings. These were strictly booked by appointment only and were from 07.30 to 08.00, 18.30 to 20.00 during weekdays and from 09.00 to 12.00 on Saturday mornings. To assist patients in accessing the service there was an online booking system, text message reminders for appointments and test results. Urgent appointments were available each day and GPs also completed telephone consultations for patients. The out of hours services were provided by a local deputising service to cover the practice when it was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on their circumstances. Information on the out-of-hours service was provided to patients on the practice website as well through posters and leaflets available at the practice.

The practice had a higher percentage (than the national average) of people in paid work or full time education (69.7% compared to 60.2%) a higher percentage of people age 65 and over (22.9% compared to 16.7%) The average male and female life expectancy for the Clinical Commissioning Group area was in line with the national average.

# Detailed findings

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.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

This provider had not been inspected before and that was why we included them.

## How we carried out this inspection

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 are provided for specific groups of people and what good care looks 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)

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 25 March 2015. During our visit we spoke with a range of staff such as four of the GPs, practice nurse, practice management and administrative staff. We spoke with 12 patients. We reviewed personal care or treatment records of patients and reviewed comment cards where patients and members of the public shared their views and experiences of the service.

# Are services safe?

## Our findings

### Safe track record

The practice prioritised safety and used a range of information to identify risks and improve patient safety. For example, they reported incidents and used national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. Significant events were discussed in meetings and we saw minutes to confirm this. For example, we saw one recorded incident where a patient's test results had been scanned into the wrong medical records and the patient had been incorrectly informed of their results and their referral had been delayed. The practice alerted all staff responsible for scanning and informed them to check the correct patient had been selected visually before linking the results.

We reviewed safety records, incident reports and minutes of meetings where these were discussed for the last two years. This showed the practice had managed these consistently over time and so could show evidence of a safe track record over the long term.

### Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. We reviewed records of 12 significant events that had occurred during the last three years and saw this system was followed appropriately. Although significant events were discussed routinely at clinical and non-clinical meetings, they were not a standing item on the practice meeting agenda. Dedicated meetings to review actions from past significant events were scheduled throughout the year and the last review meeting was in June 2014, which all clinical staff attended.

Staff used incident forms on the practice intranet and sent completed forms to the practice manager. The practice manager showed us the system used to manage and monitor incidents. We tracked two incidents and saw records were completed in a comprehensive and timely manner. We saw evidence of action taken as a result and learning being shared. For example, we found a prescription error where the patient's Warfarin had not been put on a repeat prescription and their medication needs were not accurately recorded. Action was taken to reduce the likelihood of the event reoccurring by the

practice placing patients on Warfarin on a recorded repeat list. Another event recorded a member of staff suffering a needle stick injury while cleaning one of the GP's desk draws. The needle had been used and had not been disposed of correctly. The member of staff was seen by one of the GPs, and was prescribed anti-biotics and all immunisations for the member of staff including Hepatitis B were checked to ensure they were up to date. The significant event was discussed with all members of staff concerned. Learning was disseminated to staff to reduce the likelihood of it happening again following a significant event.

National patient safety alerts were disseminated by email and then placed onto the intranet. Staff we spoke with were able to give examples of recent alerts that were relevant to the care they were responsible for. They also told us alerts were discussed at monthly clinical meetings to ensure all staff were aware of any that were relevant to the practice and where they needed to take action. We saw Medicines and Healthcare Products Regulatory Agency (MHRA) alerts and saw an alert on devices to monitor blood coagulation results which were at risk of giving low blood coagulation results, communicated to the practice.

### Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. Training records showed that all but two members of the reception staff had received relevant role specific training on safeguarding in both adults and children. All GPs had received Level 3 child protection training and we were provided with written documents to show they had received the training.

The practice had systems to manage and review risks to vulnerable children, young people and adults. Training records showed that all reception members of staff had received relevant role specific training on safeguarding in both adults and children. All GPs had received Level 3 child protection training and we were provided with written documents to show they had received Level 3 child protection training.

We asked members of medical, nursing and administrative staff about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities

## Are services safe?

and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were easily accessible.

The practice had appointed two dedicated GPs as leads in safeguarding vulnerable adults and children. They had been trained in both adult and child safeguarding and could demonstrate they had the necessary competency and training to enable them to fulfil these roles. All staff we spoke with were aware who these leads were and who to speak with in the practice if they had a safeguarding concern.

GPs were appropriately using the required codes on their electronic case management system to ensure risks to children and young people who were looked after or on child protection plans were clearly flagged and reviewed. There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments, for example children subject to child protection plans. The practice kept a child protection and safeguarding vulnerable adults register.

The lead safeguarding GPs were aware of vulnerable children and adults and records demonstrated good liaison with partner agencies such as the police, social services and health visitors. Staff were proactive in monitoring if children or vulnerable adults attended accident and emergency or missed appointments frequently. These were brought to the GPs attention, who then worked with other health and social care professionals. We saw minutes of meetings where vulnerable patients were discussed. Safeguarding was a standing agenda item at the monthly multi-disciplinary meetings and monthly clinical meetings.

There was a chaperone policy, which was visible in the waiting room and in consulting rooms. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Three nursing staff and two members of the administration team acted as chaperones. Administration staff would act as a chaperone if nursing staff were not available. Both administration members of staff had undertaken the training and understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination. All staff undertaking chaperone duties had received Disclosure and Barring Service (DBS) checks, (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).

### Medicines management

We checked medicines stored in the treatment rooms and the medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. Records showed room temperature and daily fridge temperature checks were carried out which ensured medication was stored at the appropriate temperature.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Both blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times. Prescriptions were kept in a locked room and prescription serial numbers were logged.

There was a system in place for the management of high risk medicines such as warfarin, methotrexate and other disease modifying drugs, which included regular monitoring in accordance with national guidance. Appropriate action was taken based on the results. We checked four anonymised patient records which confirmed that the procedure was being followed.

The practice did not have any controlled drugs.

### Cleanliness and infection control

We observed the premises to be clean and tidy and there were written cleaning logs to show that cleaning was taking place on a daily basis. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control. Out of the eight consultation rooms we found that three rooms were fitted with carpet and were provided with written records to evidence a cleaning protocol informing staff what to do in the event of a spillage.

## Are services safe?

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these to comply with the practice's infection control policy. There was also a policy for needle stick injury and staff knew the procedure to follow in the event of an injury.

The practice had two leads for infection control, a practice nurse and a GP. The GP had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. We were not provided with written evidence to confirm the practice nurse had received training in infection control. The staff induction program did not cover infection control and only three members of staff had received infection control training, which we saw training certificates for. We saw evidence that the practice nurse lead had carried out infection control audits for each of the last three years with the last audit taking place in February 2015 and that any improvements identified for action were completed on time. Minutes of practice meetings showed that the findings of the audits were discussed.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The practice did not have a policy for the management, testing and investigation of legionella (a bacterium which can contaminate water systems in buildings). The practice had not undertaken a risk assessment for legionella to determine the risk levels and whether formal testing was necessary.

### Equipment

Staff we spoke with told us they had the equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. We saw evidence of annual calibration of relevant equipment; for example weighing scales, spirometers, blood pressure measuring devices and the fridge thermometer which were all last calibrated in July 2014.

### Staffing and recruitment

The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. We looked at the recruitment file for a member of the reception team who had recently been recruited. We found that appropriate recruitment checks had been undertaken prior to employment by the practice.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave.

Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. The management showed us records to demonstrate that actual staffing levels and skill mix met planned staffing requirements.

### Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included regular checks of the building, fire safety, the environment, medicines management, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy. Health and safety information was displayed for staff to see and there was an identified health and safety representative. We saw that any risks in relation to health and safety were standing agenda items at clinical and non-clinical staff meetings.

Identified risks were included on a risk log. Each risk was assessed and rated and mitigating actions recorded to reduce and manage the risk. For example, we saw that additional GP cover was arranged following bank holidays and locum GPs were booked in advance to cover staff annual leave.

### Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used in cardiac emergencies). When

## Are services safe?

we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly. We checked that the pads for the automated external defibrillator were within their expiry date.

Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to. The plan was last reviewed in May 2014.

The practice had carried out a fire risk assessment in January 2015 that included actions required to maintain fire safety. Records showed that staff were up to date with fire training and that they practised regular fire drills.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We saw that guidance from local commissioners was readily accessible in all the clinical and consulting rooms.

We discussed with two GPs and a practice nurse how NICE guidance was received into the practice. They told us this was downloaded from the website and disseminated to staff. We saw minutes of clinical meetings which showed this was then discussed and implications for the practice's performance and patients were identified and required actions agreed. Staff we spoke with all demonstrated a good level of understanding and knowledge of NICE guidance and local guidelines.

Staff described how they carried out comprehensive assessments which covered all health needs and was in line with national and local guidelines. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective. We found 97.78% of mental health patients had received a health check and had care plans in place. Feedback from patients confirmed they were referred to other services or hospital when required.

The GPs and nurses supported each other to provide care in specialist clinical areas such as palliative care, sexual health, gynaecology, minor surgery, diabetes, heart disease, asthma, chronic obstructive pulmonary disorder (COPD) and cardiovascular disease. The practice nurse told us the GPs were always there to provide advice and support. The practice used the choose and book system for standard referrals and the GPs followed national standards for two week wait urgent referrals for suspected cancer. Patients we spoke with commented that referrals were always made in a timely manner and the GPs checked that they had attended their appointments with the relevant specialists.

The practice used computerised tools to identify patients who were at high risk of admission to hospital. These patients were reviewed regularly to ensure multidisciplinary care plans were documented in their

records and that their needs were being met to assist in reducing the need for them to go into hospital. We saw that after patients were discharged from hospital they were followed up to ensure that all their needs were continuing to be met.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

### Management, monitoring and improving outcomes for people

Information about people's care and treatment, and their outcomes, was routinely collected and monitored and this information was used to improve care. Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and managing child protection alerts and medicines management. The information staff collected was then collated by the management to support the practice to carry out clinical audits.

The practice had a system in place for completing clinical audit cycles. The practice showed us seven clinical audits two of which had been completed in the last year. Following each clinical audit, changes to treatment or care were made where needed and the audit repeated to ensure outcomes for patients had improved. The first audit was a cancer audit which examined the rates of cancer diagnosis through the

practice's two week wait (2ww). It found the practice cancer referral rate was higher than the national average. The practice looked at the discrepancy during the second audit cycle and as a result reviewed the threshold for the 2ww cancer referral criteria.

The second completed audit was on minor surgery and the rates of infection. Following the second audit cycle, there was no change to the rates of infection. Out of 158 procedures, during both audit cycles, 1.2% of patients experienced post operation wound infections.

Other audits included audits in spirometry, joint injections, after death, and an anti-psychotic audit.

The team was making use of clinical audit tools, clinical supervision and staff meetings to assess the performance of clinical staff. The staff we spoke with discussed how, as a

# Are services effective?

## (for example, treatment is effective)

group, they reflected on the outcomes being achieved and areas where this could be improved. Staff spoke positively about the culture in the practice around audit and quality improvement, noting that there was an expectation that all clinical staff should undertake at least one audit a year.

The practice also used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures). It achieved 95.2% of the total QOF target in 2014. For example the practice met all the standards for QOF in asthma, atrial fibrillation, cancer, chronic obstructive pulmonary disease, depression, epilepsy, heart failure, hypothyroidism, osteoporosis, palliative care and rheumatoid arthritis. It achieved most of the standards for dementia, (achieving 83.2% out of 21.64 points), diabetes (achieving 88.2% out of 94.42 points), chronic kidney disease (achieving 83% out of 21.56 points), hypertension (achieving 83.9% out of 64.59 points). Performance for mental health related QOF indicators was better than the national average and was 7.3% above the national average. The dementia diagnosis rate was 4.5 % above the national average. The practice had acknowledged its low performance in taking blood pressure readings for patients with Diabetes which was 58.71% compared to the national average of 78.55%. The practice informed this was due to staff sickness and since then the member of staff had returned and had employed a health care assistant to concentrate on blood pressure measurement in diabetic patients.

There was a protocol for repeat prescribing which was in line with national guidance. Staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for long-term conditions such as diabetes and that the latest prescribing guidance was being used. We looked at the medical records for six patients with various long term conditions and found appropriate medication had been reviewed and prescribed. The IT system flagged up relevant medicine alerts when the GPs were prescribing medicines. We saw evidence to confirm that, after receiving an alert, the GPs reviewed the use of the medicine in question. The evidence we saw confirmed that the GPs had oversight and a good understanding of the best treatment for each patient's needs.

The practice also participated in local benchmarking run by Havering Clinical Commissioning Group. This was a process of evaluating performance data from the practice and comparing it to similar surgeries in the area. For example, the local CCG provided data and feedback to local practices. A CCG wide network was in place, which incorporated this feedback and other aspects such as policies.

The practice had made use of the gold standards framework for end of life care and was signed for the gold standard framework with a dedicated GP lead for end of life care. Palliative care patients were given priority access to care, consultations and home visit. Regular two week home visits were made to monitor patients' health needs.

It had a palliative care register and had three monthly palliative care meetings to discuss the care and support needs of patients and their families. The practice had 11 patients on the register.

### Effective staffing

Practice staff included six partner GPs, two registrars, two practice nurses, one healthcare assistant, a practice manager and team of administrative staff. We reviewed staff training records and saw that some staff were not up to date with attending some mandatory training courses such as safeguarding children and infection control.

We noted a good skill mix among the GPs. The practice was a training practice, doctors who were training to be qualified as GPs were offered extended appointments and had access to a senior GP throughout the day for support.

All GPs were up to date with their yearly continuing professional development requirements and two had been revalidated in 2013 and one in 2014 and three GPs were due their revalidation in 2015. This is a process where every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England.

All staff undertook annual appraisals that identified learning needs from which action plans were documented and written records confirmed this. Our discussions with clinical staff confirmed that the practice was proactive in

# Are services effective?

## (for example, treatment is effective)

providing training and funding for relevant courses, such as cytology, contraceptive and sexual health updates, child immunisations and travel, which the practice nurses had attended.

### Working with colleagues and other services

The practice received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from communications with other care providers on the day they were received. The GPs who saw these documents and results, were responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well. There were no instances within the last year of any results or discharge summaries that were not followed up appropriately.

The practice worked with other service providers to meet patient needs and manage complex cases. It held clinical multidisciplinary team meetings every three months to discuss the needs of complex patients, for example those with end of life care needs. These meetings were attended by the hospice teams, district nurses and palliative care nurses and decisions about care planning were documented in a shared care record. Staff felt this system worked well and remarked on the usefulness of the forum as a means of sharing important information.

### Information sharing

The practice used several electronic systems to communicate with other providers. There was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner. Electronic systems were also in place for making referrals; the practice used the Choose and Book system, which enabled patients to choose which hospital they would like to be seen in and to book their own outpatient appointments in discussion with their chosen hospital.

For emergency patients, there was a policy of providing a printed copy of a summary record for the patient to take with them to the Accident & Emergency (A&E) department. One GP showed us how straightforward this task was using the electronic patient record system, and highlighted the importance of this communication with A&E.

The practice had systems to provide staff with the information they needed. Staff used electronic patient records to coordinate, document and manage patients' care. All staff were fully trained on the system, and commented positively about the system's safety and ease of use. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

### Consent to care and treatment

Staff were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling this legislation. All clinical staff had received training in the Mental Capacity Act 2005. Clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice. These processes highlighted how patients should be supported to make their own decisions and how these should be documented in the medical notes.

When interviewed, staff gave examples of how a patient's best interests were taken into account if a patient did not have capacity to make a decision. All clinical staff demonstrated a clear understanding of Gillick competencies. These helped clinicians to identify children aged under 16 who had the legal capacity to consent to medical examinations and treatment.

The practice had not needed to use restraint in the last three years, but staff were aware of the distinction between lawful and unlawful restraint.

### Health promotion and prevention

The practice had met with the Public Health team from the Clinical Commissioning Group to discuss the implications of and share information about the needs of the practice population identified by the Joint Strategic Needs Assessment (JSNA). The JSNA pulls together information about the health and social care needs of the local area. This information was used to help focus health promotion activity.

It was practice policy to offer a health check with the health care assistant / practice nurse to all new patients registering with the practice and out had invited 569 patients in for health checks and had completed 65%. The GP was informed of all health concerns detected and these were followed up in a timely way. We noted a culture among the GPs to use their contact with patients to help maintain or improve mental, physical health and wellbeing.

# Are services effective?

(for example, treatment is effective)

For example, by offering opportunistic chlamydia screening to patients aged 18 to 25 years The practice compared the number of its patients tested for chlamydia and was the second highest screener for chlamydia for the chlamydia screening program in Havering for 15-24 year olds.

The practice had numerous ways of identifying patients who needed additional support, and it was pro-active in offering additional help. For example, the practice kept a register of all patients with a learning disability and had 22 patients on the register who were all offered an annual physical health check and had completed 17 of these health checks.

We found that 84.97.6% of patients with hypertension in whom the last blood pressure reading measured 150/90mmHg or less had received a blood pressure check, compared to the national average of 83.13%. Of the patients who required a smear test in the last five years, 81.58% had been seen which was in line with the national average. There was a policy to offer telephone reminders for patients who did not attend for cervical smears and the practice audited patients who do not attend. There was a named nurse responsible for following up patients who did not attend screening.

Patients were given support to stop smoking and QOF data showed us that 97.69% of patients had their smoking status recorded. It offered smoking cessation advice to smokers with a success rate of 77% of patients enlisting to quit smoking or had quit smoking from 2013 to 2014. It also compared its stop smoking service and was one of the top performers for NHS health checks compared to other practices in the CCG.

There was an asthma register and 73.4% of patients had an asthma review in the last 12 months. Similar mechanisms of identifying 'at risk' groups were used for patients who were identified as carers, were obese, those receiving end of life care and those who experienced poor mental health. These groups were offered further support in line with their needs and offered advice on support networks.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Last year's performance for all childhood immunisations was above average for the CCG, for example 72.6% of children aged 24 months had received an MMR vaccination; 70.3% of 5 year old children had received the DTaP/IPV Booster.

Patients were able to access a range of information via the practice website. This included guidance on long term conditions such as asthma, heart disease, diabetes; epilepsy, hypertension, respiratory disease, family health and minor illnesses.

Data from QOF indicated the practice exceeded the national average for having a comprehensive care plan in place for patients with schizophrenia, bipolar affective disorder and other psychoses achieving 97.78% compared to the national average of 86.09%. It performed higher than the national average for the percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months, achieving 88.33% compared to the national average of 83.83%.

# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the 2014 GP Patient Survey and a practice survey completed in March 2015, which comprised of each GP partner obtaining at least 35 surveys completed by its patients. These highlighted that patients were satisfied with how they were treated and 100% of patients said they were completely happy to see the GP they saw again.

The data from the GP Patient Survey told us patients had confidence in the clinical staff they saw. For example, 87% said they had confidence and trust in the last GP they saw or spoke with and 97% of patients said the same about the last nurse they saw. Patients were positive about their experience during consultations with GPs and 70% practice respondents said their GP was good at listening to them, describing their experience as very good.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 37 completed cards and 28 patients had made positive comments about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Although, staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private, we observed that patients' confidential information could be overheard in the reception area. The practice switchboard was not located away from the patient waiting area although patients could speak to reception staff in a private room and notices were displayed in the reception areas informing patients of this option. The practice had

acknowledged the breach of patient confidentiality and had placed a bid with NHS England to redevelop the reception areas so that the practice could have a private confidential area in reception.

Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the practice manager. The practice manager told us she would conduct an investigation and any learning identified would be shared with staff.

There was a clearly visible notice in the patient reception area stating the practice's zero tolerance for abusive behaviour. Receptionists told us that referring to this had helped them diffuse potentially difficult situations.

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

The 2014 national GP Patient Survey and CQC comment cards we received showed patients responded negatively to questions about their involvement in planning and making decisions about their care and treatment. For example, 60% of patients said the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care and only 66% said the last time they saw their GP they were good or very good at treating them with care and concern. Seven CQC comments cards included negative comments about the GPs. The practice informed us that they had acknowledged the poor results from the GP Patient Survey and had discussed the results in their partners meetings and had booked a GP consultation course for all the GPs to attend in June 2015 to help improve their consultation skills. They had also decided that all clinicians would call their patients in for consultation to assist with patient interaction before patients began talking about their reasons for the visit.

Twelve patients we spoke to on the day of our, told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received.

Staff told us translation services were available for patients who did not have English as a first language. We saw a notice in the reception areas informing patients this service was available. Sign language services were available to support patients with a hearing disability.

## Are services caring?

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

The practice website offered patients information as to what to do in time of bereavement and also referred them to a local counselling service.

Notices in the patient waiting room, advised patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer and the practice assessed carers' needs and kept a register of these individuals.

We saw that older patients identified as at risk of isolation were discussed at clinical meetings as well as to address the support they required.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We found the practice was responsive to patient's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

We were informed that there was close liaison between the practice and the Clinical Commissioning Group (CCG). There was documented evidence to confirm that discussions with the CCG had led the practice to implement service improvements or manage delivery challenges to its population.

The practice had also implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the patient participation group (PPG) and the GP Patient Survey. The PPG had been running for four years and met every two months. We spoke with one PPG group member and informed us that a GP always attended the meetings. They told us that the PPG's biggest achievement had been implementing a local telephone number to increase patient access and reduce telephone waiting times and a check in touch screen, to reduce the number of patients queuing up at reception. The GP Patient Survey had highlighted low numbers of patients satisfied with the appointments system with 63% informing that they found it easy to get through to the surgery by phone. The practice survey also raised patient concerns with the lack of appointments available. The PPG group member confirmed that although getting through on the phone and getting an appointment was sometimes difficult it also said that things had improved.

The PPG published a regular newsletter sent out to patients by email where preferred which had increased communication with patients. The PPG was actively promoted by the practice through posters and the practice website.

### Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. We saw the practice had identified the numbers of patients on the learning disability register, those experiencing poor mental health, patients who were carers, children and adults on the vulnerable risk

register and patients with dementia. The needs of these different groups were discussed at the range of meetings that took place at the practice with internal and external clinical staff.

The practice had not provided equality and diversity training to its staff team. Although, this training had not been provided, equality and diversity was regularly discussed at staff appraisals and practice team meetings.

The premises and services had been adapted to meet the needs of people with disabilities and there was

pram and wheelchair access throughout the premises. As well as an accessible toilet there were also baby changing facilities. The practice was situated on the ground floor with all services for patients operating from this floor.

### Access to the service

The practice was open between 08:00 and 18.30 Monday to Friday. Appointments were available all day and the practice did not close during the day. Extended hours surgeries operated to accommodate working patients on most week days and some Saturday mornings. These were strictly booked by appointment only and on weekdays were from 07.30 to 08.00, 18.30 to 20.00 and from 09.00 to 12.00 on Saturday mornings. To assist patients in accessing the service there was an online booking system, text message reminders for appointments and test results. Urgent appointments were available each day and GPs also completed telephone consultations for patients. The out of hours services were provided by a local deputising service to cover the practice when it was closed.

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments, home visits and how to book appointments through the website. There were arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on their circumstances. Information on the out-of-hours service was provided to patients on the practice website as well through posters and leaflets available at the practice.

Longer appointments were available with a named GP, nurse or healthcare assistant for people who needed them,

# Are services responsive to people's needs?

(for example, to feedback?)

for example those with long-term conditions. Home visits were made to those patients who needed one, such as older patients, those with long term conditions and palliative care needs.

## **Listening and learning from concerns and complaints**

The practice had a 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. The practice manager was the designated responsible person who handled all complaints in the practice. Patients were also provided with the contact details of The Independent Complaints Advocacy Services (ICAS) and the Patient Advice and Liaison Services (PALS) to support them with their complaints.

We saw that information was available to help patients understand the complaints system such as posters displayed in the reception area. The twelve patients we spoke with were aware of the process to follow if they wished to make a complaint.

The practice had recorded six complaints. They were satisfactorily handled and were dealt with in a timely way which was in accordance with the practice's complaints policy. Each complainant was written to, discussing their complaint in detail and was invited to see the manager with an aim to resolve their complaint.

All complaints including verbal complaints were thoroughly recorded and we saw evidence of openness and transparency when dealing with complaints. Verbal complaints were recorded in writing to ensure they were not missed and were also responded to in writing.

The practice reviewed complaints on an on-going basis by discussing complaints at its practice and clinical meetings to detect themes and trends and to ensure lessons were learned from individual complaints. We saw from the minutes that complaints were routinely discussed to ensure all staff were able to learn and contribute to determining any improvement action that might be required.

# Are services well-led?

Good 

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

## Our findings

### **Vision and strategy**

The practice did not have a written vision or values, although the six members of staff we spoke with knew and understood their responsibilities to deliver high quality care and promote good outcomes for patients. We did not see evidence of a formal strategy or business plan or that these were regularly discussed by the practice.

### **Governance arrangements**

The practice had a number of policies and procedures in place to govern activity and these were available to staff on computers within the practice. We reviewed a number of policies, for example the induction policy and recruitment policy, which were in place to support staff. They were detailed and provided appropriate guidance for staff. We were shown the staff handbook that was available to all staff, which included sections on equality, harassment and bullying at work. The practice had a whistleblowing policy which was available in the staff handbook and electronically on any computer within the practice. All policies and procedures we looked at had been reviewed annually and were up to date.

There was a clear leadership structure with named members of staff in lead roles. For example, there was a lead for infection control, safeguarding, medication management audits, health and safety, fire safety, information governance and patient complaints. We spoke with three members of staff who told us they felt valued, well supported and knew who to go to in the practice with any concerns. Staff were encouraged to learn and develop their careers.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing above national standards. We saw that QOF data was regularly discussed at monthly team meetings and action plans were produced to maintain or improve outcomes. This was reflected in the meeting minutes we reviewed.

The practice had an on-going programme of clinical audits which it used to monitor quality and systems to identify where action should be taken. The practice showed us

seven clinical audits two of which had been completed in the last year. Following each clinical audit, changes to treatment or care were made where needed and the audit repeated to ensure outcomes for patients had improved.

The practice identified, recorded and managed some risks. It had carried out risk assessments and produced and implemented action plans, in relation to risks to the building, dealing with emergencies and equipment. We saw that these were discussed at clinical and non-clinical meetings.

However, the risks in relation to staff training and infection control had not been identified as some staff members had not received training in safeguarding, basic life support and infection control. A legionella risk assessment had not been completed. The practice had not monitored these risks on a monthly basis to identify the areas that needed addressing.

### **Leadership, openness and transparency**

The partners in the practice were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. All staff were involved in discussions about how to run the practice and how to develop the practice: the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

We saw from meeting minutes that team meetings and clinical meetings were held monthly. Staff told us that there was an open culture within the practice and they had the opportunity to raise issues at team meetings.

### **Seeking and acting on feedback from patients, public and staff**

The practice had gathered and acted on feedback from patients through its practice patient surveys, practice survey and complaints received. The 2014 national GP Patient Survey and comment cards we received showed patients responded negatively to questions about their involvement in planning and making decisions about their care and treatment. The practice informed us that they had acknowledged the poor results from the GP Patient Survey and had discussed the results in their partners meetings and had booked a GP consultation course for all the GPs to attend in June 2015 to help improve their consultation skills.

The practice gathered feedback from staff through appraisals and discussions. Staff told us they would not

# Are services well-led?

Good 

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

hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

## **Management lead through learning and improvement**

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at written records and saw that regular appraisals took place which included a personal development plan. Staff told us that the practice was very supportive of training.

The practice was a training practice and provided two GP trainee placements.

There were records of significant events that had occurred during the last three years and we were able to review these. Where patients had been affected by something that had gone wrong, in line with practice policy, they were given an apology and informed of the actions taken. The practice had completed reviews of significant events and other incidents. However, events were not always shared with staff to ensure the practice improved outcomes for patients.