Five Elms Medical Practice

Quality Report

Five Elms Road
Dagenham
Essex
RM9 5TT
Tel: 020 8517 1175
Website: www.fiveelmsmedical.co.uk

Date of inspection visit: 10 October 2017
Date of publication: 15/12/2017

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We had previously inspected Five Elms Medical Practice on 5 April 2016, when we had rated the service as inadequate in all key questions and inadequate overall. Following the publication of the inspection report, the practice was placed in special measures for a period of six months. The report from the April 2016 inspection can be found by selecting the 'Reports' link for Five Elms Medical Practice on our website at http://www.cqc.org.uk/location/1-569174460.

We carried out a further announced comprehensive inspection on 14 February 2017. We had concerns that the practice had not taken sufficient action to address issues highlighted in the national GP patient survey and had not made suitable arrangements to provide suitable GP cover during periods when either the lead GP, or the long term locum GP was absent from the practice. This meant there remained a rating of inadequate for responsive. Although the overall rating for the service was revised to requires improvement, the practice remained in special measures as it had not made the sufficient improvements to achieve compliance with the regulations. The report from the February 2017 inspection can be found by selecting the 'Reports' link for Five Elms Medical Practice at http://www.cqc.org.uk/location/1-2871346124.

This inspection was undertaken following the extended period of special measures and was an announced comprehensive inspection on 10 October 2017. We found that although the practice had brought about improvements to clinical outcomes for patients, it had failed to take sufficient action to address issues highlighted in the national GP patient survey and had failed to ensure that suitable arrangements were in place to provide suitable GP cover over a two week period when the lead GP was absent from the practice. Overall the practice is still rated as requires improvement.

.

Our key findings were as follows:

- Patient satisfaction levels were still significantly below local and national averages. Comment cards received and the views of patients we spoke with on the day aligned with these findings.

Summary of findings

- The practice had not made effective arrangements to cover a period when the lead GP was absent which meant that patients continued to experience difficulties accessing GP appointments..
- There was a leadership structure in place but there was lack of clarity about authority to make decisions.
- Processes to monitor prescriptions awaiting collection were not always being followed.
- The practice had recently engaged with the Royal College of General Practitioners' 'Peer Support Programme' for practices placed in Special Measures. This provided access to expert professional advice, support and peer mentoring from experienced, senior GPs, practice managers and nurse practitioners with specialist expertise in quality improvement.
- Quality Outcomes Framework (QOF) data for 2016/ 2017 showed that outcomes for patients with long term health conditions had improved and were now in line with local and national averages. Exception reporting rates had been reduced for all clinical indicators and were now comparable to or lower than CCG and national averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).
- Evidence showed that patient safety alerts were being received and acted upon.
- The practice had carried out two competed cycle audits to drive improvement in patient outcomes.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Continue to seek and act on feedback from patients on the services provided, for the purposes of continually evaluating and improving such services.
- Take action to ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are available to meet patient needs.

In addition the provider should:

- Consider including contact details for all members of staff in the business continuity plan so that staff can be easily contacted in an emergency.
- Consider arrangements in place to support patients who wish to see a female GP.
- Continue to review how carers are identified and recorded on the clinical system to ensure information, advice and support is made available to them.

This service was placed in special measures in August 2016 and this arrangement was extended for a further six months in May 2017. Insufficient improvements have been made such that there remains a rating of inadequate for responsive and an overall rating of requires improvement. Therefore we are taking action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

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?

Good

At our previous inspection in February 2017, we rated the practice as good for providing safe services. At this inspection, we saw that the practice had maintained these safe systems. The practice is still rated as good for providing safe services.

- Processes to monitor prescriptions awaiting collection were not always being followed. We saw prescriptions awaiting collection and saw three prescriptions for medicines used to treat hypertension, which had been issued in February 2017 and these had not been removed. The practice reviewed the medical records of the patients named on the prescriptions and told us each had had a recent review and had been issued with updated prescriptions since February.
- Improvements in the management of significant events had been sustained. From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice.
- Practice staff were trained appropriately in safeguarding adults and children and we saw that arrangements had been made to ensure safeguarding training was updated regularly.
- The practice had a chaperoning policy in place and all staff who undertook chaperoning duties had DBS checks and training on how to carry out the role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

Good

At our previous inspection in February 2017, we rated the practice as requires improvement for providing effective services. Although we saw evidence that outcomes had improved for the majority of clinical indicators, this had not yet been validated or published. The practice is now rated as good for providing effective services.

- During our inspection in February 2017, we found all staff had received an appraisal and had access to online training resources. At this inspection we found that these standards had been maintained and the range of training opportunities available online had been expanded to include infection prevention and control.

Summary of findings

- The practice had continued to develop quality improvement programmes including clinical audit which were used to improve performance and patient outcomes. At this inspection, we saw that the practice had undertaken six clinical audits, including two completed audits in the previous two years.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes had improved and most indicators were now comparable to the national average. Data for 2016/2017 showed that the practice maintained this performance. For instance, 81% of patients with asthma had had their condition reviewed using a nationally recognised assessment tool in the previous 12 months.
- When we inspected in February 2017, we found that exception reporting rates for most indicators were higher than the local and national averages. At this inspection, we saw data for 2016/2017 which showed that exception reporting rates for all clinical indicators were now comparable to or lower than the national average. For instance, in 2015/16 the exception reporting rating for patients whose blood sugar level was outside of the normal range was 29%. The exception reporting rate for this indicator was now 2%, compared to the CCG average of 12% and the national average of 13%.
- There were systems in place to keep all clinical staff up to date with new or revised national clinical guidance and the practice had undertaken audits to identify patients affected by updates.

Are services caring?

Requires improvement

When we inspected in February 2017, we rated the practice as requires improvement for providing caring services. At this inspection we found that were still areas where improvements should be made. The practice is still rated as requires improvement for providing caring services.

- We previously inspected the practice in April 2016 and February 2017. When we inspected in February 2017, the practice could demonstrate that patient satisfaction levels had improved in every area since the inspection in April 2016. At this inspection, we reviewed data from the national GP patient survey published in July 2017 and found that patient satisfaction levels had decreased in some areas and overall satisfaction was still lower than local and national averages. For instance, 65% of patients said the GP was good at listening to them which was 2% lower than the results published in July 2016. (CCG average 81%, national average 89%).

Summary of findings

- 54% of patients said the GP gave them enough time (CCG average 77%, national average 86%). This was 4% lower when compared to the results published in July 2016.
- 86% of patients said they had confidence and trust in the last GP they saw (CCG average 91%, national average 95%) which was an increase of 6% on the previous survey results.
- At this inspection, we saw evidence that all staff had received information governance training and that staff personnel files included signed confidentiality agreements.
- When we inspected in February 2017 we saw that the practice had a process in place to identify patients who were also carers and had identified 15 carers. At this inspection we saw that the register of carers now included 25 patients but this was still less than 1% of the practice list.

Are services responsive to people's needs?

Inadequate

At our previous inspection in February 2017, we rated the practice as inadequate for providing responsive services as we had significant concerns that the practice had failed to address issues highlighted in the national GP survey. At this inspection, we saw evidence that the practice had engaged with the Royal College of General Practitioners (RCGP) and had agreed an improvement plan as part of the RCGP Peer Support Programme. However, this was in the early stages of implementation and there was no evidence available to demonstrate that this improvement plan had begun to have an impact yet.

- During our inspections in April 2016 and February 2017, results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was significantly lower than local and national averages. At this inspection we reviewed national GP patient survey data published in July 2017 and found that these showed patients continued to rate the practice significantly lower than others around most aspects of access to the service.
- When we inspected the practice in February 2017, results from the national GP patient survey showed that 25% of patients said they could get through easily to the surgery by phone which was an increase of 8% since the April 2016 inspection. At this inspection, data from the most recent national GP patient survey published in July 2017 showed that this had decreased to 17% compared to the CCG average of 61% and the national average of 71%.
- During our inspection in February 2017, results from the national GP patient survey published in July 2016 showed that 82% of patients said the last appointment they got was

Summary of findings

convenient. At this inspection, results from the survey published in July 2017, satisfaction around this question had decreased by 28%, with only 54% of patients saying their last appointment was convenient compared to the CCG average of 68% and the national average 81%.

- When we inspected in February 2017, results from the national GP patient survey published in July 2016 showed that 46% of patients were satisfied with the practice opening hours. At this inspection we reviewed the results from the national GP patient survey published in July 2017 and saw that patient satisfaction with opening hours were now 3% higher at 49% compared to the CCG average of 76% and the national average of 80%.
- 51% of patients always or almost always saw or spoke to the GP they preferred (CCG average 48%, national average 56%). This was an improvement of 34% compared to the results published in July 2016.
- Patients could get information about how to complain in a format they could understand and we saw that the practice handled complaints in accordance with its complaint handling process. The practice told us they had only received three written complaints and no verbal complaints between the February 2017 inspection and this inspection.

Are services well-led?

Requires improvement

At our previous inspection in February 2017, we rated the practice as requires improvement for providing well-led services as we had concerns that the practice did not always have supporting plans to provide high quality care and promote good outcomes for patients. At this inspection, we found that patient satisfaction around access to services continued to be significantly lower than average. However, the practice had recently begun to access expert professional advice, support and peer mentoring through the Royal College of General Practitioner (RCGP) Peer Support programme, and we noted improvements in outcomes for patients, including those with long term conditions.

The practice is still rated as requires improvement for providing well-led services.

- When we inspected in February 2017, we had concerns that the practice did not have an effective action plan to provide appropriate GP cover during periods of annual leave. We issued a requirement notice in regard to this concern. At this inspection, we found that during a recent period of annual leave by the lead GP, the practice had again not provided appropriate GP cover over a period of three weeks.

Summary of findings

- Following our inspection in February 2017, we issued a requirement notice, requiring the practice to act on feedback from patients to bring about improvements around access to the service and satisfaction around consultations. At this inspection, we reviewed data from the most recent national GP patient survey published in July 2017 and found that levels of patient satisfaction had decreased in several areas since the February 2017 inspection.
- There was a leadership structure in place and staff felt supported by management. However, we were not assured that key staff always felt empowered to make decisions in areas where they had appropriate skills and knowledge.
- The practice had re-established the patient participation group (PPG) which had previously become inactive. We saw minutes of recent meetings which showed that members of the group were aware of the issues raised during previous inspections and were keen to provide support as the practice implemented the improvement plan.
- The provider was aware of the requirements of the duty of candour. In examples we reviewed, we saw evidence the practice complied with these requirements.

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

Requires improvement

The provider was rated as inadequate for providing responsive services, requires improvement for providing caring and well-led services and good for providing safe and effective services. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, there were areas of good practice.

- The practice had a frailty register in place and used a scoring process to identify patients with severe or moderate frailty based on a range of factors including age, known conditions and history of previous falls.
- The practice worked closely with lead professionals such as the integrated care management team to review care plans for the most vulnerable patients identified by the practice. Multi-disciplinary meetings were held monthly where care plans were updated in real time.
- Patient outcomes for conditions often associated with older people were in line with local and national averages. For instance, data for 2016/2017 showed that 91% of patients with hypertension had well controlled blood pressure. This was an improvement compared to 2015/2016 when 87% of hypertensive patients had well controlled blood pressure.

People with long term conditions

Requires improvement

The provider was rated as inadequate for providing responsive services, requires improvement for providing caring and well-led services and good for providing safe and effective services. The concerns which led to these ratings apply to everyone using the practice including this population group, although there were areas of good practice.

- Performance for diabetes related indicators was comparable to local and national averages. For instance 67% of patients had well controlled blood sugar levels compared to the CCG average of 63% and the national average of 69%. The exception reporting rate for this indicator had reduced from 29% in 2015/2016 to 2%. This meant that overall, more patients were having their condition managed at the practice.

Summary of findings

- Outcomes for patients with asthma were comparable to CCG and national averages. For instance, 81% had had an asthma review in the preceding 12 months, using a nationally recognised assessment tool, compared to the CCG average of 74% and the national average of 76%.
- The practice had recently started to use an online tool to identify patients who had pre-diabetes and had established a register of patients with this condition. Patients on this register were invited to undergo further tests and were provided with lifestyle and dietary advice which could help to prevent or delay the development of Type 2 diabetes.
- The practice offered a blood sugar test to all newly registering patients in order to identify the disease at an earlier stage.
- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.

Families, children and young people

Requires improvement

The provider was rated as inadequate for providing responsive services, requires improvement for providing caring and well-led services and good for providing safe and effective services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice told us that same day appointments were available for children and those patients with medical problems that require same day consultation, although patients we spoke with on the day told us this had not always been their experience.
- There were no arrangements in place for patients who wished to see a female GP.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- The practice's uptake for the cervical screening programme was 77%, which was comparable to the CCG average of 72% and the national average of 76%.

Working age people (including those recently retired and students)

Requires improvement

The provider was rated as inadequate for providing responsive services, requires improvement for providing caring and well-led services and good for providing safe and effective services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Summary of findings

- As with our previous inspections, at this inspection the practice failed to demonstrate that there were effective plans in place to address issues raised in three consecutive national GP patient surveys.
- The practice did not offer any extended opening hours to support those who worked or had other commitments during the day.
- Telephone appointments were available for patients who were unable to attend in person or who were unsure if their condition required attention.
- Health checks were available for new patients and those aged over 40.

People whose circumstances may make them vulnerable

Requires improvement

The provider was rated as inadequate for providing responsive services, requires improvement for providing caring and well-led services and good for providing safe and effective services. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, there were areas of good practice.

- The practice had continued to identify patients who were also carers and although the number identified had increased since the February 2017 inspection, this was still a limited number compared to the practice population.
- There were accessible facilities and the practice had access to a hearing loop.
- The practice offered longer appointments for patients with a learning disability.
- The practice worked with multi-disciplinary teams in the case management of vulnerable people.

People experiencing poor mental health (including people with dementia)

Requires improvement

The provider was rated as inadequate for providing responsive services, requires improvement for providing caring and well-led services and good for providing safe and effective services. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, there were areas of good practice.

- There was evidence of close working with multi-disciplinary teams in the case management of people experiencing poor mental health.

Summary of findings

- Performance for mental health related indicators was comparable to the national average. For instance, 82% of patients with mental health conditions had care plans in place which was comparable to the CCG average of 87% and the national average of 79%.
- When we inspected in February 2017, only 48% of patients diagnosed with dementia had a care plan documented in the record compared to the CCG average of 87% and national average of 84%. Data for 2016/2017 showed that this had now increased to 100% with an exception reporting rate of 11% (of 28 patients). We looked at patient records and saw that those care plans that had been agreed were comprehensive.
- The cervical screening uptake rate by eligible patients with mental health conditions was in line with local and national averages. 73% of eligible patients on the practice mental health register had had a cervical screening test within the preceding five years compared to the CCG average of 70% and the national average of 71%.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
-

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing below local and national average around satisfaction with access to services. A total of 298 survey forms were distributed and 96 were returned. This represented 2% of the practice's patient list.

- 17% found it easy to get through to the practice by phone compared to a national average of 73%. This was 8% lower than the survey published in July 2016.
- 54% said their last appointment was convenient which was 27% lower than the previous survey and lower than the national average of 82%.
- 44% described the overall experience of their GP practice as fairly good or very good compared to the national average of 85%. This was 4% lower than compared to July 2016.
- 68% were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 84%. This was an improvement of 10% compared to the 2016 survey and 38% compared to the 2015 national GP patient survey.
- 51% of patients were always or almost always saw or spoke to the GP they preferred compared to the national average of 56%. This was significantly higher than that the 17% satisfaction rating at the time of the previous survey.
- 30% said they would definitely or probably recommend their GP practice to someone who has just moved to the local area compared to the national average of 79%. This was an 8% improvement in satisfaction compared to the July 2016 figure of 22%.

We received 28 patient Care Quality Commission comment cards. Of these, 19 included positive and negative comments whilst nine comment cards only contained negative comments. Patients expressed frustration with difficulties getting through to the practice by telephone and long delays waiting for appointment times. Positive comments referred to improvements in online access and the helpful nature of administration and reception staff; there were also some negative comments about this aspect of the service.

We spoke with six patients during the inspection. Some of the patients we spoke with also mentioned difficulties contacting the practice by telephone and problems accessing appointments at times that were convenient. These views aligned with results from the GP National Survey published in July 2017.

General satisfaction levels were also reflected in the national friends and family test (FFT) results. The FFT is a tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience that can be used to improve services. It is a continuous feedback loop between patients and practices. The most recent results from the FFT showed that 15 forms had been completed and returned and 73% of these had recommended this practice.

Areas for improvement

Action the service MUST take to improve

- Continue to seek and act on feedback from patients on the services provided, for the purposes of continually evaluating and improving such services.
- Take action to ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are available to meet patient needs.

Action the service SHOULD take to improve

- Consider including contact details for all members of staff in the business continuity plan so that staff can be easily contacted in an emergency.
- Consider arrangements in place to support patients who wish to see a female GP.

Summary of findings

- Continue to review how carers are identified and recorded on the clinical system to ensure information, advice and support is made available to them.

Five Elms Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Five Elms Medical Practice

Five Elms Medical Practice is a single location practice providing GP primary care services to approximately 4,000 people living in Dagenham in the London Borough of Barking and Dagenham. The practice has a General Medical Services (GMS) contract. A GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

Information published by Public Health England rates the level of deprivation within the practice population group as two on a scale of one to 10. Level one represents the very highest levels of deprivation and level 10 the lowest. This information also shows that Income Deprivation Affecting Older People is 30% which is comparable to the clinical commissioning group (CCG) average of 28% but significantly higher than the national average of 16%. Income Deprivation Affecting Children is 32% which is comparable to the CCG average of 32% and above the national average of 20%. The proportion of patients on the register aged 65 or over is significantly higher than the CCG average. Data from Public Health England shows that 17% of the practice population falls into this age group compared to the CCG average of 9%.

The practice is located in a purpose built health centre which is shared with a dental practice and a team of health visitors. The practice shares reception and waiting areas with these services.

There is one full time GP and two part-time locum GPs, one of whom is a long-term locum. All of the GPs are male. The GPs provide a combined average of 17 GP sessions per week. There is one part time nurse (0.5 Full Time Equivalent), a full time practice manager and four staff who share reception and administration duties. A healthcare assistant employed by a local hospital is hired on an ad hoc basis to undertake NHS health checks.

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

The practice opening hours are:

Monday 8:30am to 6:30pm

Tuesday 8:30am to 6:30pm (Closing time 1.30pm the first Tuesday of every month)

Wednesday 8:30am to 6:30pm

Thursday 8:30am to 1:30pm

Friday 8:30am to 6:30pm

Saturday Closed

Sunday Closed

On the first Tuesday of each month, the practice is closed for protected learning time when the opening hours are 8:30am to 1:30pm. Surgery times are from 8:30am to 11:30am, Monday to Friday and from 3:30pm to 6:30pm on every weekday except Thursday. There is no surgery on Thursday afternoons or the afternoon of the first Tuesday

of each month. Between 8am - 8.30am every weekday and 1:30pm to 6:30pm every Thursday (and first Tuesday of every month) telephone calls are answered by the out of hours (OOH) provider.

Patients who are unable to make an appointment at the practice can make appointments at a local hub where same day GP appointments are available every weekday evening between 6.30pm and 10pm, and 8am and 8pm on weekends. These appointments are available to everyone registered with a GP in Barking and Dagenham.

The practice does not open at weekends, having opted out of providing Out of Hours services, between 6.30pm and 8am and at weekends; patients are directed to the OOH provider for Barking & Dagenham CCG. The details of the out of hours service are communicated in a recorded message accessed by calling the practice when it is closed and details can also be found on the practice website.

Why we carried out this inspection

We undertook a comprehensive inspection of Five Elms Medical Practice on 5 April 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe, effective, caring, and responsive and well led services and inadequate overall. We issued four requirement notices and the practice was placed into special measures for a period of six months.

The full comprehensive report for the 5 April 2016 inspection can be found on our website at http://www.cqc.org.uk/sites/default/files/new_reports/AAAF1574.pdf

In order to check that the practice had addressed the concerns identified at the inspection on April 2016, we carried out a further comprehensive inspection on 14 February 2017. The practice was rated as inadequate for providing responsive services, good for providing safe services and as requires improvement for providing effective, caring and well-led services. Overall the practice was rated as requires improvement. We issued two requirement notices and the practice remained in special measures for a further period of time.

The full comprehensive report for the 5 April 2016 inspection can be found on our website at http://www.cqc.org.uk/sites/default/files/new_reports/AAAG2924.pdf

We undertook a further announced comprehensive inspection of Five Elms Medical Practice on 10 October 2017. This was to check that the practice had taken sufficient action to address a number of significant concerns we had identified during our previous inspections in April 2016 and February 2017 and to assess whether the practice could come out of special measures.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, including NHS England and the Royal College of General Practitioners to share what they knew. We carried out an announced visit on 10 October 2017. During our visit we:

- Spoke with a range of staff (one GP, practice nurse, practice manager and members of the administration and reception teams) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

Detailed findings

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people with dementia)

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

Good

Are services safe?

Our findings

At our previous inspection in February 2017, we rated the practice as good for providing safe services. At this inspection, we found that although the practice had generally maintained these safe systems there was evidence that protocols in place to monitor prescriptions awaiting collection were not being followed. The practice continues to be rated as good for providing safe services.

Safe track record and learning

When we inspected in February 2017, we saw evidence which showed the practice had processes in place to record and learn from significant events and during this inspection, we found that the practice had continued to use these processes.

Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

- From the sample of three documented examples we reviewed, we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out an analysis of the significant events although events discussed at meetings were not always clearly identified in meeting minutes. The practice had recorded a total of six significant events since the February 2017 inspection.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw a record of an occasion when an interpreter was booked for a patient consultation but a different patient with the same name was invited too and attended the appointment. The practice had contacted and apologised to both patients and had changed the process for booking interpreters to include a date of birth check as part of the booking process.

Overview of safety systems and process

At our inspection in February 2017, we found that the practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. During this inspection we had concerns that the process to monitor prescriptions awaiting collection was not being followed.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies had been reviewed within the previous 12 months and contained up to date information, including details of local safeguarding contacts and these were accessible to all staff were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. From the sample of three documented examples we reviewed, we found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurse were trained to child protection or child safeguarding level three, the health care assistant was trained to level two and all other members of staff were trained to level one. All staff, including non-clinical staff had also received formal training on safeguarding adults.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS 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.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place. We saw a message book which the practice used to communicate with the cleaning contractor.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best

practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that an action plan had been written to address improvements identified as a result. For instance, following the most recent IPC audit which was undertaken by external experts, the practice had worked with their cleaning contractor to develop a more detailed cleaning schedule to include a detailed specification for cleaning individual rooms, including a list of items and cleaning frequencies.

There were arrangements in place to manage medicines, including emergency medicines and vaccines (including obtaining, recording, handling, storing, security and disposal), although, we saw evidence that processes to monitor prescriptions awaiting collection were not being followed.

- There were processes for handling repeat prescriptions which included the review of high risk medicines. The practice told us that if prescriptions were uncollected after a period of six months, GPs were informed, an entry was made on the patient record and the prescription was destroyed. However, we saw prescriptions awaiting collection and saw three prescriptions for medicines used to treat hypertension, which had been issued in February 2017. The practice reviewed the medical records of the patients named on the prescriptions and told us each had had a recent review and had been issued with updated prescriptions since February. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- During our inspection in February 2017, we found that appropriate recruitment checks had been undertaken for all new employees and we saw that these had also been carried out for the newest member of staff, who had joined the practice since the previous inspection. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

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

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.

Arrangements to deal with emergencies and major incidents

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

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

Good

Are services effective?

(for example, treatment is effective)

Our findings

At our inspection on 5 April 2016 we had concerns around arrangements in place to manage, monitor and improve patient outcomes. When we inspected again on 14 February 2017, we found that although these arrangements had improved, it was not yet clear whether these improvements were fully embedded in the practice culture and there were areas where further improvements were needed. For instance when we reviewed Quality and Outcomes Framework (QOF) performance for 2015/2016, we found that outcomes for some patients, including those diagnosed with dementia, were still below local and national averages.

During this inspection, we reviewed QOF data for 2016/2017 and found that although outcomes for some clinical indicators were slightly lower than 2015/2016, these were still comparable to CCG and national averages and overall the practice had achieved 95% of the total number of points available, compared to 89% in 2015/2016. This data also indicated that the practice had reduced exception reporting rates for all clinical indicators. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- When we inspected in February 2017, we saw that the practice had put processes in place to ensure that clinical updates and guidance were distributed to all clinicians. We reviewed three recent NICE updates and saw evidence which showed that clinical staff had received the information and were using this to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example, following a published guideline on the appropriate use of a medicine used to treat epilepsy, we noted that the practice had audited the practice list to identify patients using the medicine and had taken steps to contact ensure these patients were provided with appropriate advice.
- The practice used a risk stratification tool to identify and support high risk patients (patients who were at risk of unplanned admissions).

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results were 95% of the total number of points available compared with the clinical commissioning group (CCG) average of 94% and national average of 95%. This was an improvement compared 2015/2016 when the practice achieved 89% of the points available.

Data for 2016/2017 also showed that the overall exception reporting rate was now 7% compared to a rate of 14% in 2015/2016 and 2014/2015. Exception reporting is the process by which practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.

Data from 2016/2017 showed:

- Performance for diabetes related indicators was comparable to local and national averages. For instance, 67% of patients had well controlled blood sugar levels (CCG average of 63%, national average 69%). The exception reporting rate for this indicator was 2% which was a significant reduction from 2015/2016 when it had been 29%. This meant that more patients with diabetes now had their conditions reviewed and were receiving treatment for the disease.
- The percentage of patients on the diabetes register in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 91% (CCG average 78%, national average 80%). The exception reporting rate for 2016/2017 was 1% (CCG average 3%, national average 4%).
- Performance for mental health related indicators was comparable to the national average. For example, 82% of patients diagnosed with schizophrenia, bipolar

Good

Are services effective?

(for example, treatment is effective)

affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record (CCG average 87%, national average 79%). The practice exception reporting rate for this indicator was 3% (CCG average 5%, national average 13%).

- The cervical screening uptake rate by eligible patients with mental health conditions was in line with local and national averages. Data from 2016/2017 showed that 73% of eligible patients on the practice mental health register had had a cervical screening test within the preceding five years compared to the CCG average of 70% and the national average of 71%.
- The percentage of patients diagnosed with dementia (28 patients) whose care plan had been reviewed in a face-to-face review in the preceding 12 months was 89% which was above the CCG average of 74% and the national average of 78%. This was a significant improvement compared to 2015/2016 when only 48% of patients with dementia had a care plan in the record. The rate of exception reporting was 11% compared with the CCG average of 4% and the national average of 7%. We looked at patient records and saw that those care plans that had been agreed were comprehensive.
- 91% of patients with hypertension had well controlled blood pressure compared to the CCG average of 78% and the national average of 80%. The exception reporting rate for this indicator was 1% (CCG average 3%, national average 4%).
- 78% of patients with asthma had had their condition reviewed using a nationally recognised assessment tool in the previous 12 months compared to the CCG average of 75% and the national average of 70%. The exception reporting rate for this indicator was 3% (CCG average 2%, national average 8%).

There was evidence of quality improvement including clinical audit:

- There had been six clinical audits commenced in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Information about patients' outcomes was used to make improvements. For instance, the practice had undertaken an audit of the care provided to patients diagnosed with Chronic Obstructive Pulmonary Disorder (COPD). (COPD is the name for a collection of lung diseases including chronic bronchitis, emphysema and chronic obstructive airways disease). The first cycle had identified that of the 99 patients diagnosed with the condition; only 8% had had a structured annual review of their condition in the previous 12 months and of these only 3% had been instructed on inhaler technique. The practice had revised its processes for recalling patients and had invited patients diagnosed with COPD to appointments to have their condition reviewed. The practice repeated the audit one year later and had identified that the percentage of patients who had a structured review had risen from 8% to 71%. The audit also showed that the percentage of patients who had been given instruction on inhaler technique had risen from 3% to 67%.

Effective staffing

- When we inspected in February 2017, we noted that the practice had developed an induction programme for all newly appointed staff and we saw records which showed this had been used to induct new staff on topics including safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. At this inspection, we saw that this programme had been continued. Staff told us they had been able to spend time with the practice manager during their induction period as well as shadowing more experienced colleagues.
- We saw that all staff had received an appraisal within the previous six months and this had involved a review of individual training needs. Staff told us the appraisal system was a positive experience which had improved their personal morale.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. We saw evidence which showed that the practice had increased the range of e-learning training modules that was available to staff, for instance, by including modules on infection prevention and control and information governance.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. We reviewed examples of care plans and saw that these were detailed and up to date. We also reviewed processes for managing incoming test results and looked at examples of recently received correspondence. We noted that these were handled in a timely manner and updates to patient records were accurate.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. We reviewed referral processes including those used to refer patients for urgent reviews and saw that the practice had failsafe steps in place to ensure that patients received and attended appointments.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- The practice had recently started to use an online tool to identity patients who had pre-diabetes. This is a condition which often indicates a higher chance of developing Type 2 diabetes. The practice had established a register of patients with pre-diabetes and had added 166 patients to this register. Patients on this register were referred to the practice nurse and were invited to undergo further tests and were provided with lifestyle and dietary advice which could help to prevent or delay the development of Type 2 diabetes. The practice also offered a blood sugar test to all newly registered patients in order to identify the disease at an earlier stage.
- The practice had a frailty register in place. The practice used a scoring process to identify patients with severe or moderate frailty based on a range of factors including age, known conditions and history of previous falls.
- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol. Patients were signposted to the relevant service and we saw examples of when this had happened. For instance we saw details of information that was provided to younger carers showing where specialised support was available.
- The practice had recently begun to provide weekly smoking cessation clinic at the practice and dietary advice was available from a local support group.

The practice's uptake for the cervical screening programme was 77%, which was comparable with the CCG average of 72% and the national average of 76%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Good

Are services effective?

(for example, treatment is effective)

The practice also encouraged its patients to attend national screening programmes for breast and bowel cancer screening. Data for 2015/2016 showed that the uptake rate for breast cancer screening was 66% which was comparable to the CCG average of 63% and the national average of 72%. The uptake rate for bowel cancer was 40% which although the same as the CCG average, was below the national average of 58%. The practice told us they had undertaken a programme of contacting patients eligible for bowel screening to encourage participation in the screening programme. We were told that the practice had contacted 257 patients for this purpose since February 2017.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 76% to 100% and five year olds from 82% to 94%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Requires improvement

Are services caring?

Our findings

At our previous inspection on 14 February 2017, we rated the practice as requires improvement for providing caring services as there was limited evidence that there was an effective system in place to identify carers and patient satisfaction around consultations with GPs and nurses, care planning and involvement in decision making was lower than local and national averages.

At this inspection we found that although the number of patients identified as carers had increased, this was still a limited number compared to the practice population. Patient satisfaction remained below local and national averages according to the most recent published national data. The practice is still rated as requires improvement for providing caring services.

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff had received training in confidentiality and information governance and we saw that all staff personnel files included signed confidentiality agreements.

We received 28 patient Care Quality Commission comment cards, 19 of which included a mixture of positive and negative comments and nine of which were entirely negative. Patients expressed frustration around difficulties getting through to the practice by telephone, a lack of GP appointments and long delays waiting for appointment times. There were positive comments about reception staff being friendly and caring also there were also comments which indicated that this was not always experienced by patients. There were also positive comments about clinicians being caring and good at listening this also, was not a universally shared view.

When we inspected in April 2016, results from the national GP patient survey showed that patients rated the practice significantly lower than average for its satisfaction scores on consultations with GPs and nurses. During our February 2017 inspection, we found that there had been improvements in every area although these improvements were limited and levels of satisfaction were still lower than average for all indicators. At this inspection, we reviewed data from the national survey published in July 2017 and found that this showed that patient satisfaction around consultations with GPs and nurses had decreased in some areas but improvement in others. For instance:

- 65% of patients said the GP was good at listening to them which was 2% lower than the results published in July 2016. (CCG average 81%, national average 89%).
- 54% of patients said the GP gave them enough time which was 4% lower than the results published in July 2016. (CCG average 77%, national average 86%).
- 86% of patients said they had confidence and trust in the last GP they saw (CCG average 91%, national average 95%) which was an increase of 6% on the previous survey results.
- 74% of patients said the last nurse they spoke to was good at treating them with care and concern. (CCG average 83%, national average 91%). This was 4% lower than the July 2016 survey result.
- 82% of patients said the nurse gave them enough time which was 2% higher than the results published in July 2016. (CCG average 84%, national average 92%).
- 91% of patients said they had confidence and trust in the last nurse they saw (CCG average 94%, national average 97%) which was an increase of 6% on the previous survey results.
- 57% of patients said they found the receptionists at the practice helpful which was a decrease of 2% compared to the results published in July 2017. (CCG average 83%, national average 87%).

Care planning and involvement in decisions about care and treatment

When we inspected in February 2017, results from the national GP patient survey showed patients rated the practice significantly lower than average for its satisfaction scores about their involvement in planning and making

decisions about their care and treatment compared to other practice. At this inspection, data from the national survey published in July 2017 showed that patient satisfaction was lower than the results of the July 2016 survey.

- 57% said the last GP they saw was good at explaining tests and treatments which was a decrease of 4% compared to the results published in July 2016. (CCG average 78%, national average 86%).
- 46% of patients said the last GP they saw was good at involving them in decisions about their care which was 8% lower when compared to the results published in July 2016. (CCG average 72%, national average 82%).
- 58% of patients said the last nurse they saw was good at involving them in decisions about their care compared to 78% at the time of the February 2017 inspection. (CCG average 75%, national average 85%).

We asked the practice if they were able to explain why these results were lower than those of the previous survey. The practice told us that all attempts to recruit additional GPs to the practice had so far been unsuccessful. We were also told that the whilst the practice had focussed clinical resources on improving outcomes for patients and had brought about improvements in QOF performance as a result, patient satisfaction around care planning and involvement in decision making had deteriorated. The practice also told us that a second locum GP had been recruited to provide an additional two sessions per week, but this had happened after the data gathering stage of the July 2017 national GP survey had been completed which meant that the impact of this could not have been measured.

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

- Staff told us that interpreter and 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.
- Information leaflets were available in easy read format.

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, for instance, we saw information which about Redbridge Carers Support Service, an organisation which provided support to unpaid carers. Information about other support groups was available on the practice website.

When we inspected in February 2017, the practice had recently reviewed how carers were identified and had arranged for the reception team to receive in-house training in how to improve the identification of carers. The practice now had identified 25 patients as carers which was an increase of 60% since February 2017 although still less than 1% of the practice list. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

When we inspected in April 2016, we rated the practice as inadequate for providing responsive services as we found that the practice had failed to take effective and sustainable action in response to patient feedback relating to lack of access to the service, difficulties obtaining suitable appointments, involvement in decisions about their care and explanations of tests and treatments. We issued a requirement notice in respect of these findings. At a follow-up inspection on 14 February 2017, we found that although the practice had taken steps towards addressing poor patient satisfaction levels, we had concerns that the practice had not yet fully understood the issues highlighted in the national GP survey and had not taken sufficient action in order to improve patient satisfaction, including in respect of patient access. We maintained the rating as inadequate for providing responsive services and issued a requirement notice instructing the practice to continue to make improvements around patient access.

At this inspection we found that the results from the national GP survey published in July 2017 showed that patient satisfaction had decreased in most areas since our inspection on 14 February 2017. However, we also noted that since having the period of special measures extended following the February 2017 inspection, the practice had engaged with the Royal College of General Practitioners (RCGP) and had agreed an action plan to bring about improvements at the practice. However, the first meeting to begin developing the action plan had not taken place until August 2017 which meant that few of the planned actions had yet been carried out and the impact of those that had been implemented had not yet been measured. The practice is still rated as inadequate for providing responsive services.

Responding to and meeting people's needs

The practice told us they were continuing to take steps to review the needs of its local population and were actively working with the RCGP to implement an action plan bring about improvements at the practice.

- When we inspected in February 2017, we found the practice had introduced online access to services including arranging and cancelling appointments and requesting repeat prescriptions. The practice was promoting this service by attaching messages to prescriptions and by posters in the reception and waiting areas and by including online registration as a standard process when registering new patients. The practice told us they were trying to encourage patients to use this service as an alternative to contacting the practice by telephone. We were told the practice had set a target of registering 20% of the practice population for online access by March 2018. At the time of this inspection, we were told 15% of the practice population was currently registered for online access and approximately 10% of the practice list were active users.
- The practice told us they had recently received funding to install a large patient information screen in the waiting area and we saw that the premises had been surveyed and an installation date had been planned. This screen could be used to call patients to their appointments as well as display health promotion information.
- During our inspection in February 2017, we found that the practice had undertaken an audit of the practice population to identify the range of languages spoken by patients and had used this as a baseline to review its provision for patients who did not speak English as a first language. The practice had continued to ensure that translation and interpreter services were available for patients who needed them.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice told us that same day appointments were available for children and those patients with medical problems that require same day consultation, although patients we spoke with on the day told us this had not always been their experience.
- There were no arrangements in place for patients who wished to see a female GP.
- Patients who required travel vaccinations were referred to other clinics.
- There were accessible facilities although the practice did not have a hearing loop.
- The practice had accessible parking facilities, a front door which opened automatically and there was step free access to all consulting rooms.

Access to the service

The practice opening hours for the surgery were:

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

Monday 8:30am to 6:30pm

Tuesday 8:30am to 6:30pm (Closing time 1.30pm the first Tuesday of every month)

Wednesday 8:30am to 6:30pm

Thursday 8:30am to 1:30pm

Friday 8:30am to 6:30pm

Saturday Closed

Sunday Closed

GP appointments were available between 8:30am and 11:30am and between 3:30pm and 6:30pm every weekday except Thursday. Nurse appointments were available on Monday and Tuesday afternoons between 2pm and 6pm and Wednesday and Friday mornings between 8:30am to 1:30pm. Telephones were answered between 8:30am and 6:30pm every weekday.

Patients who were unable to make an appointment at the practice could make appointments at a local hub where same day GP appointments were available daily between 8am and 8pm. The appointments were available to everyone registered with a GP in Barking and Dagenham.

Pre-bookable appointments could be booked up to six weeks in advance and urgent appointments were also available for people that needed them. We looked at the appointment diary and saw that there were GP appointments were still available for the next day and for each day in the following week. We asked the practice if they could explain why patients frequently reported difficulties accessing appointments even though there appeared to be appointments available. The practice explained that in order to encourage a greater uptake of online services, a large proportion of appointments were embargoed for online booking and were not available to patients seeking to book in person or by telephone. We were also told that as the majority of patients still preferred to book in person or by telephone, these appointments were often still available for walk-in patients seeking urgent appointments. The practice told us they would review the embargo policy and would reduce the number of appointments set aside for exclusive online bookings.

The practice had opted not to provide out of hours services (OOH) to patients and these were provided on the practice's behalf by NHS Barking and Dagenham. The details of the how to access the OOH service were communicated in a recorded message accessed by calling the practice when it is closed and details could also be found on the practice website.

Results from the national GP patient survey published in July 2017 showed that although patient's satisfaction with how they could access care and treatment had improved in some areas, it had decreased in other areas and the practice was still lower than local and national averages in all areas.

- When we inspected in February 2017, results from the national GP patient survey published in July 2016 showed that just 25% of patients were satisfied with telephone access to the practice although this had been an improvement of 8% compared to the previous survey. At this inspection, results from the national GP patient survey published in July 2017 showed that patient satisfaction with the telephone service had decreased to 17% compared to the CCG average of 61% and the national average of 71%. The practice told us that two members of the reception team had resigned from the practice and it had not yet recruited to the posts.
- During our inspection in February 2017, results from the national GP patient survey published in July 2016 showed that 82% of patients said the last appointment they got was convenient. At this inspection, results from the survey published in July 2017, satisfaction around this question was lower, with only 54% saying their last appointment was convenient. (CCG average 68%, national average 81%).
- When we inspected in February 2017, results from the national GP patient survey published in July 2016 showed that 46% of patients were satisfied with the practice opening hours. During the February 2017 inspection, the practice told us that steps had been taken to improve access; for instance, staff shift patterns had been revised so that the practice no longer closed between 12:30pm and 2:30pm daily. We were also told that as the data collection stage of the July 2016 survey had overlapped with these changes, the impact of this change had not been fully measured. At this inspection we reviewed the results from the national GP patient survey published in July 2017 and saw that patient satisfaction with opening hours had risen by 4% to 49%.
- During our February 2017 inspection, national GP survey results showed that only 17% of patients always or

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

almost always saw or spoke to the GP they preferred. The practice told us that the lead GP was now providing an additional two sessions per week and that a second locum GP was now providing an average of two sessions per week. This increased capacity meant that patients with a preferred GP now had greater access to that GP. Data from the national GP patient survey published in July 2017 showed that 51% of patients now always or almost always saw or spoke to the GP they preferred (CCG average 48%, national average 56%).

- Results from the July 2017 survey showed that 68% of patients were able to get an appointment the last time they tried which was an improvement of 10% compared to the July 2016 survey. This was still lower than the local average of 74% and the national average of 84%.
- At this inspection, we noted that the percentage of patients who described their experience of making an appointment as good was now 36% compared to 28% at the time of the previous inspection (CCG average 63%, national average 73%).

When we inspected in February 2017, we had concerns that the practice had not made suitable arrangements to provide cover during periods of absence by GPs. At that inspection, we asked the practice how they would deal with this situation the next time it arose and were told that there were ongoing plans to recruit a GP partner or sessional GP to the practice. During this inspection, we found that the plan to recruit a GP partner had not yet been realised and that recently, when the lead GP was away from the practice for a period of three weeks in September 2017, the practice had again been unable to recruit a locum GP to cover the majority of this absence. This meant that the practice had only provided an average of 11 GP sessions per week compared to an average of 17 sessions per week in the preceding eight weeks.

Listening and learning from concerns and complaints

During our inspection in February 2017, we saw that the practice had a system for handling complaints and concerns and this was publicised in the patient waiting area and on the practice website.

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

The practice told us that despite evidence of patient satisfaction levels which were significantly lower than local and national averages, they had only received three written complaints and no verbal complaints in the last 12 months. We looked at practice records and found that each complaint recorded had been handled in line with practice procedure. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, we reviewed a complaint from a patient who had experienced a delay in receiving an appointment when they were referred to a secondary provider for further tests. The practice had investigated the circumstances around the complaint and found that a locum GP had not passed the details of the referral to the administration team. As a result of this, the practice had added a section to the locum pack which detailed the process to be followed when making referrals and this included clear instructions on how to communicate with the administration team.

Are services well-led?

Requires improvement

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

Our findings

When we inspected in April 2016, we rated the practice as inadequate for providing well-led services as there was a lack of involvement, oversight and leadership from the GP and little evidence of an overarching governance structure. We issued a requirement notice in respect of these issues.

At our inspection on 14 February 2017, we found that although the practice had begun to develop a vision to deliver high quality care and promote good outcomes for patients, it did not always have supporting plans to deliver this vision. There was evidence of improvements in practice performance but these improvements were limited and outcomes were still below CCG and national averages in most areas. Even though levels of patient satisfaction had also improved compared to those found at our inspection in April 2016, the most recent results available had been published just three months after our inspection in April 2016. This meant the practice had not been able to measure the impact of actions taken to improve satisfaction and it was not yet clear whether these improvements were fully embedded in the practice culture. We also found that the practice had not provided adequate GP cover during periods when the long term locum GP had been absent from the practice. The rating for well-led was revised to requires improvement and we issued two requirement notices in respect of issues around a failure to act on feedback on the services provided and a failure to ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons were available to meet patient needs.

At this inspection, we found that clinical outcomes for patients had improved in most areas and the practice exception reporting rates were lower for all clinical indicators and significantly lower for some indicators. However, we also found that results from the national GP patient survey published in July 2017 showed that patient satisfaction around consultations with GPs and nurses and access to the service had decreased in several areas and continued to be significantly lower than local and national averages. Although the practice had been able to locate an additional locum GP to provide an average of two additional GP sessions per week, it had not provided sufficient cover during the most recent period of absence of the lead GP. The practice is still rated as requires improvement for providing well-led services.

Vision and strategy

When we inspected in February 2017, 2016, we found that the practice had a vision to deliver high quality care and promote good outcomes for patients and had a mission statement which was displayed in the waiting areas and which was understood by staff. However, we found that the practice did not always have clear supporting plans to deliver this vision. During this inspection, we saw that the practice had recently engaged with RCGP Peer Support Programme for practices placed in Special Measures. This provided access to expert professional advice, support and peer mentoring from experienced, senior GPs, practice managers and nurse practitioners with specialist expertise in quality improvement coordinated by the RCGP. We saw that the practice had worked with the RCGP support team to develop a detailed improvement plan and saw evidence of meetings agreeing a timetable for implementation of the plan.

Governance arrangements

Since our inspection in February 2017, the practice had maintained a governance framework which supported the delivery of the emerging strategy and good quality care.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. However, two members of the reception team had left the practice two months previously and the practice had not yet recruited to these posts. This had had an impact on the resources available to answer incoming telephone calls and had placed an additional barrier to patients trying to access the practice.
- Policies to govern activities at the practice had been reviewed and were available to all staff. Staff were able to demonstrate that they had access to policies and were confident in describing how they applied these policies when carrying out their duties.
- A programme of continuous clinical and internal audit had been developed. The practice had completed two completed audit cycles within the previous 12 months and these were used to monitor quality and to make improvements. Three further audits had had single cycles completed with second cycles planned for two of these.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Are services well-led?

Requires improvement

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

Although there was clear evidence of improvements around clinical outcomes, levels of patient satisfaction had decreased in many areas since the February 2017 inspection. The practice had an improvement plan in place and this had been agreed with the RCGP, NHS England Regional Team and the local CCG. However, this was still in the early stages of implementation which meant the practice had not yet been able to measure the impact of any actions taken to improve satisfaction.

Leadership and culture

During the inspection of April 2016, we found leaders did not have the necessary capacity to lead effectively. There was a lack of involvement, oversight and leadership from the GP. There was no effective system for managing issues and risks arising from inadequate arrangements for chaperoning, safeguarding, fire safety and infection control. This indicated that quality and safety were not a priority for the leadership.

When we inspected in February 2017, we found that the practice had put systems in place to improve patient safety. For instance, chaperoning and safeguarding arrangements had been reviewed and staff had received training around fire safety and infection prevention and control.

At this inspection we found that these systems had been maintained and all staff training was up to date and all staff had received recent appraisals. Staff told us that although the period since the February 2017 inspection had been difficult, the leadership had remained approachable and were able to find the time to listen to all members of staff.

During this inspection, we were told that the lead GP had been away from the practice for a three week period of annual leave. Despite repeated attempts to recruit sessional GPs, the practice had not been able to arrange a replacement GP for the majority of this time. We noted that the practice had attempted to mitigate the reduced clinical capacity by providing two additional GP sessions during one of the weeks of this absence. The practice told us it had continued to advertise for a GP partner or additional sessional GP and we saw that this was a central element of the RCGP supported improvement plan.

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

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

There was a leadership structure in place but there was lack of clarity about authority to make decisions. For instance, when we asked why a large proportion of appointments were reserved for online bookings when the number of patients using this service was relatively low, we were told that this was practice policy and couldn't be changed.

- The practice held regular team meetings and used these to review serious incidents, patient complaints and practice development.
- Staff told us the culture within the practice had continued to improve since the previous inspection and they had the opportunity to raise any issues at team meetings and felt increasingly confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the practice manager in the practice. All staff were encouraged to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

During our inspection in April 2016, we found no evidence that regular feedback was gathered from staff or patients and that when feedback was provided, it not always acted upon. For examples, staff told us that concerns had been raised about workload but no action had been taken as a result. When we inspected in February 2017, staff told us since the introduction of regular staff meetings and annual appraisals, they felt more engaged in how the practice was run.

At this inspection, we were shown evidence of where the practice had encouraged feedback from patients. The practice had undertaken a second survey of patients in an attempt to further understand patient dissatisfaction with aspects of the service provided at the practice. When this survey was first undertaken, 50 forms had been distributed

Are services well-led?

Requires improvement

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

and just five forms had been returned. During the most recent survey, 90 forms had been distributed of which 29 had been returned. The findings from this survey confirmed that patients had continued to experience difficulties accessing the appointment system but had also identified that patients who had booked appointments using the online booking system had experienced fewer difficulties.

- The practice had re-established the patient participation group (PPG) which had previously become inactive. We saw minutes of recent meetings which showed that members of the group were aware of the issues raised during previous inspections and were keen to provide support as the practice implemented the improvement plan.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they now felt more involved and engaged to improve how the practice was run than had previously been the case.

Continuous improvement

We saw evidence that the practice had sought support from the RCGP to bring about improvements following the February 2017 inspection. Although this was in the early stages of implementation, we saw that the practice manager had already engaged in a number of mentoring sessions. We also saw that the practice had taken action to encourage patients to engage with health screening programmes and this had brought about an increase in the uptake of cervical screening amongst eligible women.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 HSCA (RA) Regulations 2014 Good governance: **How the regulation was not being met:** The provider had failed to act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. This was in breach of regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** The provider had failed to ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons were available to meet patient needs. There was not sufficient staff to provide the care and appointments that the patient population required in a timely way. This posed a risk to the health and wellbeing of patients. This was in breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.