High Road Surgery

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services well-led?	Good

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the High Road Surgery on 20 October 2016. The overall rating for the practice was requires improvement. The full comprehensive report published in March 2017 can be found by selecting the 'all reports' link for High Road Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 1 August 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 20 October 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had a comprehensive compliment of policies and procedures that were practice specific and version controlled.
- Outcomes from the Quality and Outcomes Framework was in line with local and national averages.
- The practice had clearly defined and embedded systems to minimise risks to patient safety, including the purchase of a defibrillator, a fire risk assessment and regular alarm testing and fire drill as well as an infection control audit and a legionella assessment.
- All staff members had completed training relevant to their role including safeguarding and information governance.
- The practice had identified 35 patients as carers (1% of registered patients).
- The practice had established a patient participation group.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients.
- The practice had a hearing loop installed in the patient waiting area.

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

Summary of findings

In addition the provider should:

- Continue to work to improve the uptake of patient screening in cervical cytology and breast and bowel screening.

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

The practice was rated good for providing safe services.

- 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. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- There was an effective system for handling patient safety alerts and sharing new clinical guidelines.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- All staff had completed mandatory training relevant to their role including safeguarding and chaperone training.
- The practice had good arrangements to respond to emergencies and major incidents, which included having a defibrillator on the premises.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to the CCG and the national averages and exception reporting rates were below the national averages.
- Staff were aware of current evidence based guidance and this was a standing agenda item at clinical meetings.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved including the out of hours provider.

Summary of findings

Are services well-led?

Good

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual appraisals and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In two examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and had a recently established patient participation group (PPG) which consisted of 35 members.
- There was a focus on continuous learning and improvement at all levels, all staff had completed mandatory training.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people
The provider had resolved the concerns for safety, effectiveness and well-led identified at our inspection on 1 August 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

People with long term conditions
The provider had resolved the concerns for safety, effectiveness and well-led identified at our inspection on 1 August 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

Families, children and young people
The provider had resolved the concerns for safety, effectiveness and well-led identified at our inspection on 1 August 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

Working age people (including those recently retired and students)
The provider had resolved the concerns for safety, effectiveness and well-led identified at our inspection on 1 August 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

People whose circumstances may make them vulnerable
The provider had resolved the concerns for safety, effectiveness and well-led identified at our inspection on 1 August 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

People experiencing poor mental health (including people with dementia)
The provider had resolved the concerns for safety, effectiveness and well-led identified at our inspection on 1 August 2017 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good

Summary of findings

Areas for improvement

Action the service SHOULD take to improve
In addition the provider should:

Continue to work to improve the uptake of patient screening in cervical cytology and breast and bowel screening.

High Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector who was supported by a GP specialist advisor.

Background to High Road Surgery

High Road Surgery is located in East London in a terraced house which has good transport links. The practice is a part of Waltham Forest Clinical Commissioning Group (CCG).

There are approximately 1,900 patients registered with the practice 61% of whom have a long standing health condition, which is higher than the CCG average of 47% and the national average of 53%.

The practice has two male GP partners who carry out a total of nine sessions per week and a part time practice nurse who works five and a half hours per week. The practice also has a practice manager, a secretary and three reception staff members.

The practice operates under a General Medical Services (GMS) contract (a contract between NHS England and general practices for delivering general medical services and is the most common form of GP contract).

The practice is open Monday to Friday between 9am to 6:30pm except for Thursdays when it closes at 2pm. Phone lines are answered from 9am and appointment times are from 9:30am to 11:30am every morning and 5pm to 6:30pm daily. Extended hours appointments are offered on a Monday between 6:30pm and 7:30pm and the locally agreed out of hours provider covers calls made to the practice when it is closed.

High Road Surgery operates regulated activities from one location and is registered with the Care Quality Commission to provide maternity and midwifery services, family planning, treatment of disease, disorder or injury and diagnostic and screening procedures.

Why we carried out this inspection

We inspected this service as part of our comprehensive service. This service had previously been inspected in October 2016 and the overall rating for the practice was requires improvement. The full comprehensive report published in March 2017 can be found by selecting the 'all reports' link for High Road Surgery on our website at www.cqc.org.uk.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 1 August 2017. During our visit we:

- Spoke with a range of staff including GPs a manager and a reception staff member.

Detailed findings

- Reviewed the practice's action plan, which was made as a result of the outcomes inspection in October 2016.
- Looked at information the practice used to deliver care and treatment plans.

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

Good

Are services safe?

Our findings

At our previous inspection on 20 October 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of recording and learning from significant events, staff training and emergency equipment were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 1 August 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

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

- The practice manager was the lead member of staff who handled all significant events in the practice. There was a recording form available on the practice's computer system; this 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 a 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 a thorough analysis of the significant events and had documented two significant events since the previous inspection.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we viewed a significant event about a hospital letter that was received by the practice and was filed into the patient paper records instead of scanned into the patient notes, which delayed the referral process. We saw that the patient received an apology and this was discussed at a practice meeting where the process of scanning documentation was reviewed and it was decided that an 'S' would be written on top of all documents that had been scanned to prevent any confusion.

Overview of safety systems and process

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a GP lead for safeguarding. We were told that the GPs always provided reports to other agencies when necessary.
- Staff understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child safeguarding level three and non-clinical staff members were trained to level one.
- There was a chaperone policy and notice displayed in the waiting room and all clinical rooms advising patients of the chaperoning service and that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS

The 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.
- The lead GP was the infection prevention and control (IPC) clinical lead and was supported by the practice manager 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. There had been a recent IPC audit undertaken and we saw evidence that action was taken to address any improvements identified as a result.

Good

Are services safe?

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. 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 (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGD's are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.

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 annual fire drills and weekly fire alarm testing. 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. All staff booked annual leave in advance and there was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in the practice 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 carried out weekly checks to ensure it was in good working order. Oxygen with adult and children's masks and 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 for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and copies were held by staff members outside of the premises in case of restricted access to the building.

Good

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 20 October 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of staff training and Quality Outcomes Framework outcomes needed improving.

These arrangements had significantly improved when we undertook a follow up inspection on 1 August 2017. The practice is now rated as good for providing effective services.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through regular discussions at clinical meetings.
- The practice had an effective system for dealing with patient safety alerts; we viewed two examples of meetings where these were discussed and action taken as a result.

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 94% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 95%. There was an overall exception reporting (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) rate of 6%, which was the same as the national average.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from QOF showed:

- Performance for diabetes related indicators was similar to the CCG and national averages. For example 87% of patients on the diabetes register had an IFCC – Hba1C of 64 mmol/mol or less in the preceding 12 months, compared to the CCG average of 75% and the national average of 78%. There was an overall exception reporting rate of 13%, which was lower than the CCG average of 17% and the same as the national average.
- Performance for mental health related indicators was similar to the CCG and national averages. For example 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive agreed care plan documented in the record in the preceding 12 months, compared to the CCG average of 91% and the national average of 89%. There was an exception reporting rate of 0%, which was lower than the CCG average of 7% and the national average of 13%.

There was evidence of quality improvement including clinical audit:

- There had been three clinical audits commenced in the 12 months, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, as a result of new clinical guidance looking at co-prescribing of aspirin in people with diabetes that stated that the risks of prescribing aspirin outweighed the costs if there were no other clinical indicators such as chronic heart disease, the practice carried out an audit. The first audit showed that 70 out of 122 patients were being prescribed aspirin; the GPs reviewed the patients' records to find the appropriateness of this prescribing and discussed this at a clinical meeting. Patients who were being prescribed aspirin and had no other indicators were invited for a medication review and taken off the medicine. The second audit showed that 22 out of 122 patients were being prescribed aspirin and 100% of these patients had a clinical indicator which justified the prescribing of this medicine.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

Good

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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 and carrying out cervical cytology.
- 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 attending updates, access to on line resources and discussion at nurses forums and practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of three documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. 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.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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.
- The process for seeking consent was monitored through regular discussions at practice meetings.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, patients with cancer, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Smoking cessation advice was available on the premises and a dietician was available from a local support group.

The practice's uptake for the cervical screening programme was 71%, which was lower than the CCG and the national average of 81%. Exception reporting was 3%, which was lower than the CCG average of 10% and similar with the national average of 7%. There was a policy to offer telephone or written reminders for patients who did not

Good

Are services effective?

(for example, treatment is effective)

attend for their cervical screening test. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and they ensured a female sample taker was available. The practice was aware of its low cervical cytology uptake and told us that this was due to the mobile patient demographic including patients who had the screening done in a different country and failed to give the practice their results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. For example, 60% of female patients aged between 50 and 70 years old had been screened for breast cancer in the past three years compared to the CCG average of 69% and the national average of 73%. Thirty six percent of patients aged 60 to 69 were screened for bowel cancer in the past 30 months compared to the CCG average of 49% and the national average of 58%. The practice were aware of their low screening uptake, as a result they contacted patients when they missed their appointments ad encouraged them to re-book as well as discussing the importance of the screening with patients who were in the correct age range that they were due a test.

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.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to the national averages. For example, rates for the vaccines given to under two year olds ranged from 92% to 95% and five year olds from 91% to 95%, compared to the national average of 90%.

Are services well-led?

Good

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

Our findings

At our previous inspection on 20 October 2016, we rated the practice as requires improvement for providing well-led services as there was issues with the effectiveness of policies and procedures, there was insufficient documentation of meetings where significant events and governance training was discussed and patient feedback about practices services was not proactively sought .

These arrangements had significantly improved when we undertook a follow up inspection on 1 August 2017. The practice is now rated as good for providing well-led services.

Vision and strategy

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

- The practice had a mission statement which was displayed in staffing areas and staff we spoke with knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their roles and responsibilities. GPs and nurses had lead roles in key areas, including long term conditions, safeguarding and infection control.
- Practice specific policies were implemented and were available to all staff on the practices computer system and also in paper copy. These were version controlled with review dates.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice had a fire risk assessment and an infection control audit.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of two documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- We saw evidence that the practice held regular team meetings and clinical meetings.

Are services well-led?

Good

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received. The practice had a newly formed PPG consisting of 35 members, a survey was carried out but only three responses were received. The practice was yet to receive any request from the PPG of ways to improve practice services.
- The NHS Friends and Family test, complaints and compliments received.
- Staff through staff away days and generally 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.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice had a comprehensive audit system and had good systems for promoting childhood immunisations, which produced outcomes above the local and national averages.