

# Clayhall Clinic

## Quality Report

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Date of inspection visit: 28 September 2016  
Date of publication: 13/12/2016

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?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Clayhall Clinic on 28 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they were always able to make an appointment and urgent appointments were always available on the same day.
- There was a clear leadership structure and staff felt supported by management.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure adequate hand washing facilities are provided in the staff toilet to prevent the spread of infection.

The areas where the provider should make improvement are:

# Summary of findings

- Consider providing baby changing facilities for the patients
- Review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to them.
- Review care plans to ensure they contain enough information about treatment, care and support that was being delivered.
- Ensure written consent is sought when minor surgery is carried out.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services.

**Requires improvement**



- There was an effective system in place 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 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.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse.
- There was an infection control lead who had undertaken training to enable them to provide appropriate advice to the practice.
- Non - clinical staff had not received any infection control training at the time of inspection. Since the inspection we have received evidence to confirm that all staff have now been received appropriate training.
- There was no wash hand basin in the staff toilet.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience 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. However, we found the care plans did not contain enough information about treatment, care and support that was being delivered

# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. High standards were promoted and owned by all practice staff and teams worked together across all roles.
- There were high levels of staff satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the

Good



# Summary of findings

culture. 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.

- There was an overarching governance framework which supported the delivery of good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people.

- Patients over 75 years had a named GP to co-ordinate their care
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. The GPs carried out home visits when needed.
- The practice maintained a register for housebound patients and their carers. They proactively contacted or visited patients in this group who had not seen a GP for more than 6 months and carried out visits to review their medications, social circumstances and offered the flu vaccination, where the uptake last year was more than 90%.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- One GP was the lead for chronic disease management and patients at risk of hospital admission were identified as a priority. All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care, however we found the notes for these meetings were brief and it was not clear what actions needed to be taken and by whom.
- Performance for diabetes related indicators was 86%, which was 7% above the CCG and 4% below national averages.
- Longer appointments and home visits were available when needed.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



# Summary of findings

- 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. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 79%, which was below the CCG average of 81% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered telephone and email consultations and had extended hours one day per week.

Good



## People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good





# Summary of findings

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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is 6% above the national average.
- Patients experiencing poor mental health were invited to attend annual physical health checks and 43 out of 45 had been reviewed in the last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing in line with local and national averages in most aspects. There were 115 responses and a response rate of 34% which was approximately 1% of the patient list.

- 58% found it easy to get through to this surgery by phone compared to a CCG average of 53% and a national average of 73%.
- 77% found the receptionists at this surgery helpful compared to CCG average of 78% and a national average 87%.
- 84% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average 77% and a national average 85%.
- 83% said the last appointment they got was convenient compared to a CCG average 86% and a national average 92%.

- 60% described their experience of making an appointment as good compared to a CCG average 59% and a national average 73%.
- 74% usually waited 15 minutes or less after their appointment time to be seen (CCG average 50%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 comment cards and all were positive about the standard of care received. Patients felt the practice offered a good service and staff were considerate and treated them with dignity and respect.

We spoke with four patients during the inspection. All said that they were happy with the care they received and thought staff were approachable, committed and caring. They said it had considerably improved in the past two years.

## Areas for improvement

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

- Ensure adequate hand washing facilities are provided in the staff toilet to prevent the spread of infection.

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

- Consider providing baby changing facilities for the patients

- Review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to them.
- Review care plans to ensure they contain enough information about treatment, care and support that was being delivered.
- Ensure written consent is sought when minor surgery is carried out.

# Clayhall Clinic

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector who was accompanied by a GP specialist adviser.

### Background to Clayhall Clinic

Clayhall Clinic provides GP primary care services to approximately 6000 people living in Ilford, Redbridge. The local area is a mixed community and some of the practice population comes from relatively deprived backgrounds.

The practice is staffed by three GP partners, one salaried GP and two trainee GPs. There are two males and four females, who work a total of 47 sessions. One GP is the practice manager and other staff included a locum nurse, a Health Care Assistant (HCA), and five administrative staff. The practice holds a General Medical Services (GMS) contract and was commissioned by NHSE London. 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 was open from 8am to 6.30pm Mondays to Friday. They had extended hours on Thursday from 6.30pm to 8pm. The telephones were staffed throughout working hours. Appointment slots were available throughout the opening hours. The out of hours services are provided by an alternative provider. The details of the 'out of hours' service were communicated in a recorded message accessed by calling the practice when closed and details can also be found on the practice website. Longer appointments were available for patients who needed them and those with long-term conditions. This also included appointments with a named GP, nurse or HCA. All

patients could book appointments to see GP within 72 hours, however pre-bookable appointments could be booked up to two weeks in advance; urgent appointments were available for people that needed them.

The practice provided a wide range of services for patients with diabetes, chronic obstructive pulmonary disease (COPD), contraception and child health care. The practice also provided health promotion services including a flu vaccination programme and cervical screening.

### Why we carried out this inspection

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.

The practice has not been inspected before.

### How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 28 September 2016.

During our visit we:

- Spoke with a range of staff including the GPs, the practice manager, nurse and administration staff. We also spoke with patients who used the service.

# Detailed findings

- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised 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.'

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:

- 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.

# Are services safe?

## Our findings

### Safe track record and learning

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

- The practice manager told us staff would report any incidents to them and they would then complete the recording form available on the shared drive on the computer system. Staff we spoke with told us they were aware of their responsibilities to bring them to the attention of the practice manager or the lead GP in their absence. These were usually discussed on the day they occurred and at the weekly GP meetings.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events on an annual basis where themes were identified. These were also discussed with other local GPs at the locality meetings, both for advice and to share the learning.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw that where a patient had to access A&E due to being turned away as the GP sessions had finished for the day. The practice changed their procedures to ensure if there was a GP on the premises urgent patients would always be seen.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

The practice had some clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements 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 lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children. Clinicians were trained to child protection level 3 and non-clinicians were trained to level 1.
- A notice in the waiting room advised patients that chaperones were available if required. We were told only clinical staff acted as chaperones and all 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. The practice nurse was the infection control lead and had undertaken further training, however on the day of the inspection some non-clinical staff had not received any training in this area. Since the inspection we have received evidence to confirm that all staff have been trained. The NHS commissioning unit had completed an audit at the practice in September 2015. We saw evidence that action was taken to address improvements that had been identified. However, we noted there was no wash hand basin in the staff toilet. The practice manager said they were discussing structural alterations with the landlord. Cleaning records were kept which showed that all areas in the practice were cleaned daily. Patient toilets were also checked regularly throughout the day and cleaned when needed. We noted there were no baby changing facilities.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk

# Are services safe?

medicines. The practice carried out regular medicines audits, with the support of the local CCG 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 in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).

- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. 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

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments, however they had not carried out any fire drills. All electrical equipment was checked to ensure the equipment was safe to use. The last one had been carried out in August 2016. Clinical equipment was also checked to ensure it was working properly. The practice had a variety of other risk assessments in place 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 were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Procedures were in place to manage expected absences, such as annual leave, and unexpected absences through staff sickness. For example, the reception staff would provide cover for each other when needed, for all absences.

## Arrangements to deal with emergencies and major incidents

The practice had 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 and oxygen with adult and children's masks. A first aid kit and accident book were located in the reception.
- 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 business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and had identified another local practice that could be used if they were unable to use their building.

# Are services effective?

(for example, treatment is effective)

## Our findings

### 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.

- The GPs and nursing staff we spoke with could clearly outline the rationale for their treatment approaches. They were familiar with current best practice guidance and accessing guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We saw the practice had weekly clinical meetings where new guidelines were disseminated, the implications for the practice's performance and patients were discussed and required actions agreed. However, we found the notes for these meetings were brief and it was not clear what actions needed to be taken and by whom.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### 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 98% of the total number of points available, with 6% 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).

Data from QOF showed:

- Performance for diabetes related indicators was 86%, which was 7% above the CCG and 4% below national averages.
- Performance for mental health related indicators was 98%, which was 6% above the CCG and 9% above national averages.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last two years, and two of these were completed two cycle audits. For example, they told us that based on recent MHRA warnings the practice audited the number of patients who were being prescribed Diclofenac (a nonsteroidal anti-inflammatory drug (NSAID)). On first audit they found 20 patients. They carried out face to face reviews with these patients where they discussed the risks of this medication. They re-audited six months later and only six patients were being prescribed diclofenac.
- The practice participated in local audits, national benchmarking, accreditation and peer review.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, fire safety and confidentiality.
- 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, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- 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.
- 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.



# Are services effective?

## (for example, treatment is effective)

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice maintained a discharge folder where the details of all the patients accessing accident and emergency, out of hours and requiring inpatient admissions was kept. This is reviewed by the on-call doctor on a daily basis.

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.
- The process for seeking consent was monitored through patient records audits for medical treatments; however we found that written consent was not sought when the practice carried out minor surgery.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and smoking cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 81%, which was above the CCG average of 79% and slightly below the national average of 82%. 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

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 64% to 93% and five year olds from 73% 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.



# Are services caring?

## Our findings

### 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 and conversations taking place 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.

We received 18 patient Care Quality Commission comment cards and all were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with five patients on the day, including two from the PPG who told us they were satisfied with the care provided by the practice now and that it had drastically improved over the last two years. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. However, the practice was below CCG for some of its satisfaction scores on consultations with GPs. For example:

- 77% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%.

- 83% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 91%.
- 77% of patients said they found the receptionists at the practice helpful compared to the CCG average of 78% and the national average of 87%.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

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

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- 75% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 85%.

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

- Staff told us they had access to translation services for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- The practice had a hearing loop installed.

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

## Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 27 patients as carers (0.45% of the practice list). The practice manager told us they directed carers to the various local 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.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice attended a monthly locality meeting with the Clinical Commissioning Group (CCG) and other practices to discuss local needs and plan service improvements that needed to be prioritised such as A&E attendances.

- Patients over 75 years had a named GP to co-ordinate their care. Longer appointments were available for these patients when required. The GPs carried out home visits when needed. We saw the Senior Administrator telephones patients in this group to arrange their reviews and discuss their care plans. The practice worked closely with the intermediate care team (community matron, social services) and met with them bi-monthly to discuss the care of patients in this group who were vulnerable or at risk. Personalised care plans were updated during these meetings. However, we saw samples of these care plans and found they did not contain enough information about treatment, care and support that was being delivered.
- The practice maintained a register for housebound patients and their carers. We saw they proactively contacted or visited patients in this group who had not seen a GP for more than 6 months and during September / October – all these patients had a planned GP visit to review their medications, social circumstances and be offered the flu vaccination, where the uptake last year was more than 90%.
- One GP is the lead for patients with long term conditions. The practice held registers for patients in receipt of palliative care, had complex needs or had long term conditions. Patients in these groups had a care plan and would be allocated longer appointment times when needed. The GP told us through active case searching and auditing, they improved their prevalence rate for Diabetes from 6% to 7.5%, which is above the national (6%) and local CCG prevalence. They said the key goal is to proactively identify, manage and educate these patients and we saw they provided information about how to manage diabetes during periods of fasting. The nurse and the HCA carried out reviews of patients with diabetes and respiratory conditions. All patients with diabetes had care plans.
- GPs attended multidisciplinary meetings with district nurses, social workers and palliative care nurses to discuss patients and their family's care and support needs
- Systems were in place for identifying and following-up children living in disadvantaged circumstances and who were at risk. For example, they would refer families for additional support and had multidisciplinary meetings with health visitors where any safeguarding concerns would be discussed. The practice triaged all requests for appointments on the day for all children when their parent requested the child be seen for urgent medical matters, thus were able to offer appointments at a mutually convenient times, for example after school, when appropriate. The GPs demonstrated an understanding of Gillick competency and told us they promoted sexual health screening.
- The practice offered working age patients access to extended appointments. They offered on-line services which included appointment management, viewing patient records, repeat prescriptions and registration. They also had GP telephone triage for all requests for same day appointments, which enabled telephone consultations where appropriate, without patients having to take time off work.
- The GPs told us that patients whose circumstances may make them vulnerable such as people with learning disabilities and homeless patients were coded on appropriate registers. These patients had 'pop ups' on their computer notes to alert all members of staff of vulnerable patients who may present as chaotic. Patients with learning disabilities were invited annually for a review. We saw all 14 had been reviewed in the last twelve months.
- The practice had a register of patients experiencing poor mental health. These patients were invited to attend annual physical health checks and 43 out of 46 had been reviewed in the last 12 months. The practice worked closely with the GP liaison mental health officer in the community to support patients with mental illness transfer from secondary care back to primary

# Are services responsive to people's needs?

## (for example, to feedback?)

care. All GP in the practice had attended a workshop conducted on mental health service to understand how these services were organised and how to make appropriate referrals. Patients were also referred to other services such as Improving Access To Psychological Therapies (IAPT). Reception staff we spoke with were aware of signs to recognise for patients in crisis and to have them urgently assessed by a GP if presented.

- There was a GP lead for dementia and the practice carried out advanced care planning for patients with dementia and had achieved 100% of the latest QOF points which was above both CCG and national averages. They had 32 patients on their register.
- The premises were accessible to patients with disabilities and there was a hearing loop installed. The waiting area was large enough to accommodate patients with wheelchairs. Accessible toilet facilities were available for all patients attending the practice.

### Access to the service

The practice was open from 8am to 6.30pm Mondays to Friday. They had extended hours on Thursday from 6.30pm to 8pm. The telephones were staffed throughout working hours. Appointment slots were available throughout the opening hours. The out of hours services are provided by an alternative provider. The details of the 'out of hours' service were communicated in a recorded message accessed by calling the practice when closed and details can also be found on the practice website. Longer appointments were available for patients who needed them and those with long-term conditions. This also included appointments with a named GP, nurse or HCA. All patients could book appointments to see GP within 72 hours, however pre-bookable appointments could be booked up to two weeks in advance; urgent appointments were available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below local and national averages.

- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and the national average of 78%.
- 58% of patients said they could get through easily to the practice by phone compared to the CCG average of 53% and the national average of 73%.

The practice had recently installed a 24 hour appointment booking line but had not evaluated its impact at the time of our visit.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. All verbal complaints were recorded.
- The practice manager handled all complaints in the practice. We saw that these were analysed on an annual basis and the outcome and actions were sent to all members of staff.
- We saw that information was available to help patients understand the complaints system, for example posters were displayed on notice boards and a summary leaflet was available and given to patients when they registered. Patients we spoke with were aware of the process to follow should they wish to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at two complaints received in the last 12 months and found these were dealt with in a timely way, in line with the complaints policy and there were no themes emerging. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, we saw that where some errors had occurred when referring patients to secondary services the patient referrals protocols were reviewed and amended and GPs were advised to do choose and book referral during the time of consultation.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice vision and values was to provide fully accessible up to date care by educating patients in relation to minor ailments and using efficient medical software such as voice recognition software to update patients notes, which gave them more consulting time. All staff we spoke with knew and understood the vision and values.
- The practice had a supporting business plans which reflected the vision and we were told it was reviewed annually at their practice away day.

### 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 in place and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. We spoke with six members of staff and they were all clear about their own roles and responsibilities. They told us they felt valued, well supported and knew who to go to in the practice with any concerns.
- The practice had a number of policies and procedures in place to govern activity and these were available to staff via the desktop on any computer within the practice. Staff had to read the key policies such as safeguarding, health and safety and infection control as part of their induction. All four policies and procedures we looked at had been reviewed and were up to date.
- The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed its performance was now comparable to national standards. They had scored 545 out of 559 in 2015 and 546 out of 559 in 2016 which was 5% above the CCG average and 2% above England average. We saw QOF data was regularly reviewed and discussed at the weekly clinical. The practice also took part in a peer reviewing system with neighbouring GP practices in Redbridge.

- There was a programme of continuous clinical and internal audit used to monitor quality and to make improvements. The practice had carried out clinical audits in relation to COPD medication and antibiotic prescribing.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, all patients deemed vulnerable had risk assessments in their records.

### 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 and ensure high quality care. 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 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 support training for all staff on 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 clear leadership structure in place and staff felt supported by management.

- Staff told us that the practice had monthly team meetings and that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings. They felt they worked well together and that they were a highly functional team which listened and learnt, and were aware of their areas for improvement, such the phone system.
- We noted that team away days were held every year and staff told us these days were used both to assess business priorities and socialise with colleagues.

# Are services well-led?

Good 

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

- There were high levels of staff satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff said they felt respected, valued and supported, particularly by the management 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, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- It had gathered feedback from patients through the patient participation group (PPG), surveys and complaints received. There was an active PPG which met bi-monthly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, they had raised concerns about patients not being able to get appointments when they needed them. As a result the practice had implemented a 72 hour appointment system.
- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff

at all levels were actively encouraged to raise concerns. All staff we spoke with told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They said they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice and the practice team was forward thinking. There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment. The practice took part in local pilot schemes to improve outcomes for patients in the area. For example, they were part of a consortium with other local practices that provided GPs to facilitate the HUB that provided seven day a week access to GPs.

The practice was also a training practice. One GP partner was qualified trainer and at the time of our inspection they had two trainees.

The GPs were also involved in various external boards and organisations such as the local GP federation where one partner was the chair and another was the clinical lead. We saw that information from these forums were fed back to practice staff at the monthly practice meetings.

This section is primarily information for the provider

## Requirement notices

### 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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The provider had not ensured there were adequate hand washing facilities in the staff toilet to prevent the spread of infection.</p> <p>This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>