

Glebelands Practice

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 caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Outstanding	

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 Glebelands Practice on 13 July 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example, they had carried out the highest number of 40-70 health checks in the CCG locality due to the way in which they personalised each patient letter.
- Feedback from patients about their care was consistently positive.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- The practice had a clear vision which had 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.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- The practice had received a Redbridge Carers Support GP Acknowledgment Award in July 2016, in recognition of the work they carried out to support carers.
- The practice was a training practice and two of the partners were qualified trainer. At the time of our inspection there were two trainees. The GP trainers'

Summary of findings

met with their trainees after every morning surgery. They also held weekly lunch time meetings at the practice which consultants from Whipps Cross Hospital attended on occasions.

- A systematic approach was taken in working with other organisations to improve care outcomes and tackle health inequalities. The GP were involved in various external boards and organisations, such as one GP was the chairperson of the quarterly Redbridge protected learning event (PLE).

The areas where the provider should make improvement are:

- Continue to work to identify patients who are carers so their needs can be identified and met.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- The practice carried out a thorough analysis of the significant events on a quarterly basis. The findings were discussed both internally with the patient participation group (PPG) and externally with other local practices and the CCG.
- 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 safe and safeguarded from abuse.
- Most risks to patients were assessed and well managed

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.
- The practice carried out the highest number of 40-70 health checks in the CCG locality

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that patients rated the practice higher than others for some aspects of care.

Summary of findings

- 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.
- The practice had received a carers award from the boroughs carers association.
- Feedback from patients about their care and treatment was consistently positive.

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.
- Patients can access appointments and services in a way and at a time that suits them. They offered extended appointments four mornings and two evenings a week. 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

Good



Are services well-led?

The practice is rated as outstanding 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.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.

Outstanding



Summary of findings

- There were high levels of staff satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture. All staff were involved in discussions about how to run and develop the practice, and the lead GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- 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, the practice carried out a thorough analysis of the significant events on an annual basis, and discussed key events with their peers at locality meetings in order to share the learning.
- The practice had been received a commendation from the CCG for carrying out the highest number of working age health checks in the borough.
- They worked closely with the Redbridge Carers Association and had received a Redbridge Carers Support GP Acknowledgment Award in July 2016, in recognition of the work they carried out to support carers.
- 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.
- 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 proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- The practice was a training practice and two of the partners were qualified trainers. At the time of our inspection there were two trainees. The GP trainers' met with their trainees after every morning surgery. They also held weekly lunch time meetings at the practice which consultants from Whipps Cross Hospital attended on occasions.
- A systematic approach was taken in working with other organisations to improve care outcomes and tackle health inequalities. The GPs were involved in various external boards and organisations, for example one GP was the chairperson of the quarterly Redbridge protected learning event (PLE).

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 outstanding for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. Patients over 75 years had a named GP to co-ordinate their care and the HCA was the practice champion for the care of older people.
- The practice was responsive to the needs of older people, and offered double appointments, home visits and urgent appointments for those with enhanced needs
- They held an over 75's review Clinic with twenty minute appointments every Tuesday where patients developed Care Plans.
- The practice held a 'Fit For Fun' Chair Aerobics 20 week course which was attended by 5-10 patients a week. At the time of our inspection the practice was in the process of training up one of their members of staff to continue offering these sessions.
- They provided a Musculoskeletal(MSK) clinic where they carried out a full assessment of patients shoulders, knees, fingers and feet, they also opportunistically discussed exercise and diet in these sessions. These appointments were 30 minutes long. We saw the practice achieved the highest reduction in hospital admissions in the borough since the clinic had been running, of 20%.

Outstanding



People with long term conditions

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

- The practice was pro-actively managing patients with long term conditions . The practice had clinical leads for a variety of long term conditions including diabetes, asthma and chronic obstructive pulmonary disease. Patients in these groups had a care plan and would be allocated longer appointment times when needed.
- GPs attended regular internal as well as multidisciplinary meetings with district nurses, social workers and palliative care nurses, to discuss patients and their family's care and support needs.

Good



Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. Reception staff supported clinicians in ensuring annual reviews were completed for all patients in this group. 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.
- There were monthly diabetic clinics and spirometry was provided in house.

Families, children and young people

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

- There were systems in place to identify and follow 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.
- We saw positive examples of appropriate action being taken and joint working with external bodies where safeguarding concerns had been identified
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. The GPs demonstrated an understanding of Gillick competency and told us they promoted sexual health screening.
- The practice's uptake for the cervical screening programme was 84%, which was above the national average of 82%.
- The practice triaged all requests for appointments on the day for children when their parent requested the child be seen for urgent medical matters, thus were able to offer appointments at mutually convenient times, for example after school, when appropriate.

Good



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. They offered extended appointments four mornings and two evenings a week.

Good



Summary of findings

- 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 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.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances whose circumstances may make them vulnerable such as people with learning disabilities, patients with no fixed abode and those with a learning disability. Pop up alerts were placed on all computer notes to alert all members of staff of vulnerable patients, to allow reception staff to meet their specific additional needs such as double appointments and/or visual/hearing impaired needs.
- Learning Disability patients were given care plans that met their needs. Patients with learning disabilities were invited annually for a specific review with their named GP. We saw these had been carried out for the six patients in the last 12 months. Extended appointments were available for patients in this group.
- The practice had a register for people with hearing and sight problems. They said patients with these conditions had an alert on their electronic record so that they could be dealt with in an appropriate manner. For example, using 'Big Word' if necessary and to ensure they adhered to the Accessible Information Standard. (The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand with support so they can communicate effectively with health and social care services.)
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

- 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.

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).

- The practice had achieved 100% of the latest QOF points for patients with Dementia which was above both CCG and national averages. The practice had annual reviews for patients with dementia, which included early consideration of advance care planning. All dementia patients had a care plan which both they and carers had been involved in drafting.
- The practice had a register of patients experiencing poor mental health. These patients were invited to attend annual physical health checks and 24 out of 26 had been reviewed in the last 12 months.
- The practice employed their own counsellors who they would refer patients to when they had concerns. We saw of the 14 patients referred 13 had improved within the allotted six sessions.
- The practice worked closely with the CMHT to support patients with mental illness transfer from secondary care back to primary care. Patients were also referred to other services such as Improving Access to Psychological Therapy (IAPT) and MIND the mental health charity.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Reception staff we spoke with were aware of signs to recognise patients in crisis and to have them urgently assessed by a GP if they presented.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing below or in line with local and national averages. There were 101 responses and a response rate of 25%, which was 1.4% of the practice population.

- 94% found it easy to get through to this surgery by phone compared to a CCG average of 73% and a national average of 73%.
- 93% 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%.
- 92% of patients described the overall experience of this GP practice as good compared to a CCG average 73% and a national average 85%.
- 92% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to a CCG average 65% and a national average 85%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 96 comment cards which were all positive about the standard of care received.

We spoke with eight patients during the inspection. All said they were satisfied with the care they received and the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. They also told us they were satisfied with the care provided by the practice.

We noted that 94% of patients who had completed the Friends and Families test said they would recommend the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to work to identify patients who are carers so their needs can be identified and met.

Glebelands Practice

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 advisor.

Background to Glebelands Practice

Glebelands Practice provides GP primary care services to approximately 6000 people living in Redbridge. The local area is a mixed community and there is a wide variation in the practice population, from relatively deprived to affluent and mainly young to older aged.

The practice is a training practice and is run by three GP partners. There are two male GPs and one female GP who work a total of 24 sessions per week. Other staff included two trainee GPs, a practice manager, two nurses, a health care assistant and six administrative staff. The practice holds a Personal Medical Services (PMS) 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, surgical procedures, family planning and maternity and midwifery services.

The practice was open between 8am to 6.30pm on Mondays to Fridays, except Thursday when they close at 12pm. They have extended hours Monday and Wednesday 6.30pm to 7.30pm and Tuesday to Friday 7.30am to 8am. 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 or nurse. Pre-bookable appointments could be booked up to two weeks in advance; urgent appointments were available for people that needed them. Patients could book appointments online.

The practice provided a wide range of services including clinics for 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 provider 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 13 July 2016.

Detailed findings

During our visit we:

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

- Staff told us there was a recording form available on the practice's computer system, which they would complete and they would inform the practice manager of any incidents immediately. 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).
- 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, and discussed key ones with their peers at locality meetings.

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 local hospital had sent a letter to a patient regarding a follow up appointment that was no longer needed, the practice implemented a new procedure to ensure that letters were always sent to secondary health providers when there were significant changes to a patient's health.

Overview of safety systems and processes

The practice had 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 were two a

lead members of staff for safeguarding – one for adults and one for children. 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 and vulnerable adults relevant to their role. Clinicians, including the HCA, were trained to child safeguarding level 3 and non-clinicians, level 1.

- 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).
- Appropriate standards of cleanliness and hygiene were followed. There was an infection control policy and protocols in place. We observed the premises to be clean and tidy. The practice nurse was the infection control lead and had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. All staff had received training. The practice completed annual audits and the last one was carried out in September 2015. We saw evidence that action was taken to address improvements that had been identified. Cleaning records were kept which showed that all areas in the practice were cleaned daily, and the toilets were also checked regularly throughout the day and cleaned when needed.
- 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 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. We saw the practice had become an 'Antibiotic Guardian' which was a campaign run by Public Health England (PHE) to raise awareness of antibiotic resistance by advising patients

Are services safe?

about how they can personally prevent infections and make better use of antibiotics and help protect these vital medicines. The practices anti-biotic prescribing was amongst the lowest in the borough.

- 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.). Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a GP.
- 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 kitchen which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills and we saw the last one took place in June 2016. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Portable electrical equipment testing (PAT) had been carried out in July 2016. We saw evidence of calibration of relevant equipment; for example, blood pressure monitors, ECG, weighing scales and pulse oximeter which had also been carried in March 2016.
- 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, asbestos and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- The practice manager told us about the arrangements for planning and monitoring the number and mix of staff needed to meet patients' needs. We saw that where they had an increase in patient numbers clinical staff had been increased. There was a rota system in place for all the different staffing groups to ensure that 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, we saw the practice had never had cause to use a locum GP and the reception manager provided cover for the receptionist staff when needed for all absences.

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 did not have a defibrillator available and had carried out a risk assessment; however we found it unsuitable and discussed it with the practice GP who agreed to purchase one. Since the inspection the practice has sent us evidence to confirm they have purchased a defibrillator.
- Oxygen with adult and children's masks were on the premises 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 in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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.
- 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 99% 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).

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

- Performance for diabetes related indicators was 91%, which was 9% above the CCG and 2% above national averages.
- Performance for mental health related indicators was 100%, which was 7% above the CCG and 7% above national averages.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits carried out in the last year. Two were completed where the improvements made were implemented and monitored. For example, the practice had carried out a review of patients with Arterial Fibrillation (AF) to establish whether they had a stroke risk assessment and were receiving stroke prevention treatment where necessary. On the first audit 13 patients were identified of which six had received a risk assessment and were receiving the appropriate treatment, one had declined treatment and six patients were called in for a review, two of whom had not been coded appropriately. On re-audit they found that all had received appropriate information, were coded on appropriate registers and had been offered relevant treatment.
- The GPs also told us that when the practice saw CQC had reported that they were not diagnosing enough patients with COPD they immediately organised an audit to improve the number of patients diagnosed with COPD. They also trained their HCA and nurse in spirometry to check patients that smoked when new patient checks were carried out.
- The practice participated in local audits, national benchmarking, accreditation and peer reviews.

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, infection prevention and control, fire safety, health and safety and data management.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the practice nurse had been trained to carry out spirometry.
- 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.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice

Are services effective?

(for example, treatment is effective)

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, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. 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.
- 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. 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.

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, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available at the practice once a week.

The practice's uptake for the cervical screening programme was 79%, which was below the national average of 82% which the practice was aware of. They said 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 ensuring 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 averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 72% to 91% and five year olds from 47% to 65%.

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 which was the highest in the CCG. 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; 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.

Feedback from people who use the service, those close to them and stakeholders is continually positive about the way staff treat people. All of the 96 patient Care Quality Commission comment cards we received were extremely positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. People thought that staff go the extra mile and the care they receive exceeded their expectation.

We spoke with six members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. 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. The practice was above average for some of its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 100% 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%.

- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 98% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% 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. We also saw that care plans were personalised and all patients received a copy containing details of their care support team.

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:

- 88% 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%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.
- 100% of patients said they had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 96% and national average of 97%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 47 patients as carers (0.9% of the practice list). The practice recognised this was low given their list size and worked closely with a

local carers organisation to identify any additional carers on their list. They had facilitated various carers events, such as coffee mornings. Carers were given advice and a carers pack to include a health check and flu vaccination.

For patients receiving end of life care, the senior GP partner was informed of the death outside of hours so they could be in contact with families and carers if required.

Staff told us that if families had suffered bereavement, their usual GP contacted them immediately to offer support. 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 monthly network meetings 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 and prescribing.

- Patients over 75 years had a named GP to co-ordinate their care and the HCA was the practice champion for the care of older people. The GPs carried out home visits when needed and double appointments were available for these patients when required. They held an over 75's review clinic with twenty minute appointments every Tuesday where patients developed care plans. They also held a Fit For Fun Chair Aerobics 20 week course which was attended by 5-10 patients a week. The trainer was initially external however, the practice was in the process of training up one of their members of staff to continue offering these sessions.
- The practice provided a Musculoskeletal(MSK) clinic for older patients to provide early detection and treatment of any joint problem. They carried out full assessment of shoulders, knees, fingers and feet and provided in-house joint injections and physiotherapy where necessary. They also provided opportunistic advice on diet and exercise during these sessions. These appointments were 30 minutes long. We saw the practice achieved the highest reduction in unplanned hospital admissions in the borough since the clinic had been running, of 20% and had also reduced their referrals to secondary care.
- The practice held registers for patients in receipt of palliative care, had complex needs or had long term conditions. The practice had clinical leads for a variety of long term conditions including diabetes, asthma and chronic obstructive pulmonary disease. GPs attended regular internal as well as multidisciplinary meetings with district nurses, social workers and palliative care nurses, to discuss patients and their family's care and support needs. Patients in these groups had a care plan

and would be allocated longer appointment times when needed. Reception staff supported clinicians in ensuring annual reviews were completed for all patients in this group. There were monthly diabetic clinics and spirometry was provided in house.

- 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 or carer requested the child be seen for urgent medical matters, thus were able to offer appointments at mutually convenient times, for example after school, when appropriate. The GPs demonstrated an understanding of Gillick competency and we saw examples of where they had used it and liaised with appropriate professionals to safeguard young patients. They told us they promoted sexual health screening.
- The practice offered working age patients access to extended appointments four mornings and two evenings a week. 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 patients with no fixed abode were coded on appropriate registers. Pop up alerts were placed on all computer notes to alert all members of staff to vulnerable patients. GPs told us this was to allow them to meet their specific additional needs such as double appointments, interpreter, visual/hearing impaired, carer details, and risk assessment stratification. Learning Disability patients were given care plans that met their needs. Patients with learning disabilities were invited annually for a specific review. We saw all six had been reviewed in the last 12 months.
- The practice had a register for people with hearing and sight problems, they said patients with these conditions had an alert on the record so that they could be dealt with in an appropriate manner. For example, using 'Big

Are services responsive to people's needs?

(for example, to feedback?)

Word' if necessary and to ensure they adhered to the Accessible Information Standard. (The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand with support so they can communicate effectively with health and social care services.)

- The practice had a register of patients experiencing poor mental health. These patients were invited to attend annual physical health checks and 24 out of 26 had been reviewed in the last 12 months. The practice worked closely with the CMHT to support patients with mental illness transfer from secondary care back to primary care. The practice employed their own counsellors who they would refer patients to when they had concerns. We saw of the 14 patients referred 13 had recovered within the allotted six sessions. Patients were also referred to other services such as IAPT and MIND. Reception staff we spoke with were aware of signs to recognise patients in crisis and to have them urgently assessed by a GP if they presented.
- 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 and allowed for easy access. Accessible toilet facilities were available for all patients attending the practice.

Access to the service

The practice was open between 8am to 6.30pm on Mondays to Fridays, except Thursday when they close at 12pm. They have extended hours Monday and Wednesday 6.30pm to 7.30pm and Tuesday to Friday 7.30am to 8am. 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 or nurse. 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 comparable to local and national averages.

- 87% of patients were satisfied with the practice's opening hours which was 9% above the national average of 78%.
- 94% of patients said they could get through easily to the practice by phone which was 21% above the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

The practice had an effective 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.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, for example posters were displayed in reception and, summary leaflet were available.

We looked at three 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 there were complaints about reception staff attitude they had introduced customer services training as part of their mandatory training.

Are services well-led?

Outstanding



(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 ensure that their patients received continuity and quality care and never say no to people in need. They said in order to achieve this they offer a flexible service, which they constantly try to improve. All staff we spoke with knew and understood the vision and values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values, which was regularly monitored and reviewed annually.

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 eight 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 five 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 it was performing above national standards. They had scored 893 out of 900 in 2014 and 552 out of 559 in 2015 which was 5% above the CCG average and 4% 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 Chronic Obstructive Pulmonary Disease (COPD) and arterial fibrillation.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

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 there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings. However, we were told that whole practice meetings were not held regularly. Staff however, felt they worked well together and that they were a highly functional team which listened and learnt, and were aware of their challenges such as, a reduction in income against an increasing list size and understanding the reporting requirements for the out of hospital contracts.

Are services well-led?

Outstanding



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

- 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.
- 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.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, last year's survey had identified that patients would like more early morning appointments, therefore the practice now provides these four mornings a week.
- There were high levels of staff satisfaction. 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 strong focus on continuous learning and improvement at all levels within the practice. A systematic approach was taken to working with other organisations to improve care outcomes and tackle health inequalities.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice carried out a thorough analysis of the significant events on an annual basis, and discussed key events with their peers at locality meetings in order to share the learning.

We saw the practice had been received a commendation from the CCG for carrying out the highest number of working age health checks in the borough. They told us they had achieved this by adapting the invite letters so that they were sent as personally written by each patients GP.

The practice worked closely with the Redbridge Carers Association and had received a Redbridge Carers Support GP Acknowledgment Award in July 2016, in recognition of the work they carried out to support carers. They had facilitated various carers events for the local community and carers were given advice and a carers pack which include information on various entitlements and other support agencies.

The practice was also a training practice and two of the partners were qualified trainers. At the time of our inspection there were two trainees. The GP trainers' met with their trainees after every morning surgery and held tutorials on Monday afternoon and Wednesday afternoon. They also held weekly lunch time meetings at the practice which consultants from Whipps Cross Hospital attended on occasions.

A systematic approach was taken in working with other organisations to improve care outcomes and tackle health inequalities. The GP were involved in various external boards and organisations such as one GP was the chairperson of the quarterly Redbridge protected learning event (PLE) and represented the practice at locality level and CCG, and another was on the board of the Federation. Members of the PPG also attended PPG events in the borough. We saw that information from all these forums were fed back to practice staff at the practice meetings.