

# High Street Surgery

## Quality Report

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Date of inspection visit: 20 February 2017  
Date of publication: 24/03/2017

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

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 High Street Surgery on 4 April 2016. The overall rating for the practice was requires improvement. The full comprehensive report on 4 April 2016 inspection can be found by selecting the 'all reports' link for High Street Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 20 February 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 4 April 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as Good.

Our key findings were as follows:

- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- There was a clear leadership structure and staff felt supported by management. Staff were aware of the practice's vision and strategy.

- Information about services was available and appropriate steps were taken to bring this to patient's attention.
- Staff were aware of the practice's policies and procedures to govern activity and they were followed.

At the inspection of 4 April 2016 there were some areas of practice where we said the provider should make improvements. We said the provider should:

- Ensure where the decision has been made not to apply for Disclosure and Barring Service (DBS) checks for staff, a risk assessment is carried out giving a clear rationale as to reasons why.
- Ensure patients are made aware of the availability of translation services.
- Ensure staff read all policies that apply to their job role.
- Review and update procedures and guidance in particular those that relate to appraisals, meetings and reviews of practice development needs to ensure staff learning needs are identified.

At this inspection we found the necessary improvements had been made. All staff had undergone a DBS check and

# Summary of findings

a notice in reception made patients aware of translation services. Measures were in place to ensure all staff read practice policies and processes were in place to identify staff learning needs.

**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



- Risks to patients who used services were properly assessed and the systems and processes to address these risks were implemented to ensure patients were kept safe. For example, in relation to recruitment, infection control and dealing with emergencies.
- All staff who acted as chaperones were trained for the role and had undergone a Disclosure and Barring Service (DBS) check.
- There was a recruitment policy in place and it was followed.
- At the last inspection we said the practice should ensure where the decision had been made not to apply for Disclosure and Barring Service (DBS) checks for staff, a risk assessment was carried out giving a clear rationale as to reasons why. At this inspection we found all staff had undergone a DBS check.

### Are services well-led?

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

Good



- The practice had a mission statement and staff knew and understood the practice's values. There was a recognised leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity and they were followed in practice. For example those relating to recruitment and training of staff.
- New staff had received inductions and all staff received regular appraisals. Staff meetings took place regularly and were documented in detail. Minutes were accessible to all staff.

# Summary of findings

## The six population groups and what we found

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

### Older people

The provider had resolved the concerns for safety and well-led identified at our inspection on 4 April 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

The provider had resolved the concerns for safety and well-led identified at our inspection on 4 April 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Families, children and young people

The provider had resolved the concerns for safety and well-led identified at our inspection on 4 April 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



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

The provider had resolved the concerns for safety and well-led identified at our inspection on 4 April 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety and well-led identified at our inspection on 4 April 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



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

The provider had resolved the concerns for safety and well-led identified at our inspection on 4 April 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# High Street Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

The inspection was carried out by a CQC inspector.

## Background to High Street Surgery

High Street Surgery is located in Hornchurch in the London Borough of Havering. It is located in a town centre location which is well served by public transport. The practice is situated in a converted semi-detached property, surrounded by residential houses. Parking is available on surrounding streets with a disabled parking bay on the forecourt of the building. All patient areas are accessible to wheelchair users.

The practice serves a predominantly White, British population (82%). A further 7% of the local population identifies itself as Asian / Asian British and 3% as Black / African / Caribbean / Black British. The practice is located in the third less deprived decile of areas in England. At 78 years, male life expectancy is less than the England average of 79 years. At 84 years, female life expectancy is greater than the England average of 83 years.

The practice has been operating from its current location since May 2015. It has approximately 3298 registered patients. The practice is managed by a single GP (male). There is a practice nurse (female), a practice manager and four reception/administrative staff. When the use of a locum was necessary, the same one is used for continuity. The GP is responsible for the day to day operations of the practice with the support of a practice manager.

The practice opens at 8.30am every week day and closes at 6.30pm on Tuesdays, Thursdays and Fridays and 7pm on Mondays and Wednesdays. Surgery times are from 8.30am to 12.30pm and then from 4pm until closing. This represents 10 GP sessions per week. Telephone lines are open Monday to Friday from 8am to 6.30pm. The practice does not open on weekends. Outside of these hours out of hours care is provided by a hub of local GPs. The service operated from 6.30pm to 10pm on weekdays, 9am to 5pm on Saturdays and 9am to 1pm on Sundays. Outside of those hours emergency cover was provided by the NHS 111 service.

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

## Why we carried out this inspection

We undertook a comprehensive inspection of High Street Surgery on 4 April 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on 4 April 2016 can be found by selecting the 'all reports' link for High Street Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of High Street Surgery on 20 February 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

# Detailed findings

## How we carried out this inspection

During our visit we:

- Spoke with a range of staff including the GP, practice manager, administrator and receptionist.

- Visited all practice locations
- Looked at information the practice used to operate the practice and to ensure the safety of staff and patients.

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

**At our previous inspection on 4 April 2016, we rated the practice as requires improvement for providing safe services as the systems and processes to keep people safe needed improving. Risks to patients who used services were not always properly assessed and the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, in relation to recruitment, infection control and dealing with emergencies. Risks associated with not carrying out Disclosure and barring service (DBS) checks were not always assessed. The practice did not always follow its own recruitment policy.**

**These arrangements had significantly improved when we undertook a follow up inspection on 20 February 2016. The practice is now rated as good for providing safe services.**

### Overview of safety systems and process

- 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 and all staff had read them.
- 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).
- We saw that an infection control audit had been carried out in April 2016. Arrangements were in place for this to be repeated annually.

- We reviewed the personnel file of the most recent recruit and found appropriate recruitment checks had been undertaken prior to employment.

### Monitoring risks to patients

- Fire awareness training had taken place in October 2016. This included a demonstration of how to use the fire safety equipment such as fire extinguishers. A fire drill had been conducted at the same time and was scheduled to be repeated annually. Staff were aware of where the evacuation meeting point was. We saw instructions on display about the action to take in the event of a fire. A fire risk assessment had been carried out in October 2016 and was due to be repeated twice a year. All fire equipment had been checked and we saw evidence of weekly fire equipment tests.
- We saw that a Legionella risk assessment had been carried out on in June 2016. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

### Arrangements to deal with emergencies and major incidents

On the day of our inspection the practice did not have a defibrillator. They had carried out a risk assessment which concluded that the availability of an oxygen cylinder was sufficient to reduce the risks associated with cardiac arrest. An oxygen cylinder was in place. The GP told us they would call the emergency services in the event of a patient suffering a cardiac arrest. This arrangement was unreliable as it did not ensure that the practice would be able to immediately respond to the needs of a person who became seriously ill. We raised this with the GP who undertook to obtain a defibrillator immediately. Evidence that they had obtained a defibrillator was provided shortly after the inspection.



# Are services well-led?

Good 

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

## Our findings

**At our previous inspection on 4 April 2016, we rated the practice as requires improvement for providing well-led services as there was no overarching governance structure. The practice did not have a clear vision and strategy. The practice did not always follow its own policies, for example in relation to training and recruitment. Staff did not always undergo inductions and meetings were irregular and not documented.**

**We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 20 February 2017. The practice is now rated as good for being well-led.**

### Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. We found the practice manager and GP lead in the key areas of the practice's day to day operations.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held regularly which provided an opportunity for staff to learn about the performance of the practice.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. We saw that quality improvement was discussed in practice meetings and with the patient participation group (PPG).
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For examples we saw that fire risk assessments and infection control audits were carried out. Any identified actions were acted upon.
- We saw evidence from minutes of meetings that the structure allowed for lessons to be learned and shared following significant events and complaints.

### Leadership and culture

On the day of inspection the GP and practice manager demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. There was a clear leadership structure and staff felt supported by management.

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

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

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

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly. At the time of our inspection the annual patient survey was being carried out. We were told once the survey had been completed the results would be collated and analysed and any required improvement made.

# Are services well-led?

Good 

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

- Staff gave feedback through appraisals and discussion. They told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us the leadership was very approachable and encouraged feedback. 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. The practice team was forward thinking and part of local pilot schemes

to improve outcomes for patients in the area. For example, the practice was involved in a local initiative to increase the number of patients who had registered for online services such as booking appointments online by the end of March 2017. The target was 10%. At the time of our inspection 16% of patients had registered. The practice was also participating in the local GP resilience programme which required practices, with their PPGs to review a number of areas and agree which areas the practice would focus on for improvement. There was a financial incentive for participation in this programme.