

Drs B B Quansah and A Adedeji Practice

Quality Report

Halbutt Street Surgery
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Date of inspection visit: 12 September 2017

Date of publication: 25/10/2017

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

Ratings

Overall rating for this service	Requires improvement 
Are services effective?	Good 
Are services caring?	Requires improvement 

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 Drs B B Quansah and A Adedeji Practice on 8 September and 7 November 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the 8 September and 7 November 2016 inspection can be found by selecting the 'all reports' link for Drs B B Quansah and A Adedeji Practice on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 12 September 2017 to confirm 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 8 September and 7 November 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

At the previous inspection we rated the practice as requires improvements for effective and caring as the registered person could not demonstrate they had a system in place to improve and monitor patient satisfaction as results from the national GP patient survey showed lower than average scores. In addition, the practice exception reporting for diabetes was higher than the local CCG and national averages. We also issued a

requirement notice in relation to staffing as the provider failed to provide us with evidence all staff had received statutory training and other mandatory training necessary for them to carry out their roles effectively.

At this inspection we found improvements had been made and the practice is now rated as good overall and the provision of effective service is now also rated good, however caring key question remains rated as requires improvement.

Our key findings were as follows:

- At this inspection there had been six clinical audits commenced in the last two years; one of which was completed and where the improvements made were implemented and monitored.
- We saw evidence which confirmed all clinical and non-clinical staff had received training in safeguarding, infection control and basic life support (BLS).
- The number of carers had increased from eight (0.1%) to 46 (0.5%), however this was still less than 1% of the practice population.

Summary of findings

- We reviewed unpublished and unverified data submitted for the Quality and Outcomes Framework (QOF) 2016/17 and found there had been improvements in the clinical indicators and most patients were exception reported appropriately.
- Annual internal infection control audits were now undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The practice had carried out control of substances hazardous to health (COSHH) risk assessments on substances which could be harmful to employee's health.
- Data from the national GP patient survey published in July 2017 showed patients rated the practice below CCG and national average for several aspects of care.

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

In addition the provider should:

- Take steps to monitor and improve patient feedback from the GP patient survey so as to ensure it is in line with CCG and national averages.
- 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.

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 effective?

The practice is now rated as good for providing effective services.

- At this inspection there had been six clinical audits commenced in the last two years; one of which was completed and where the improvements made were implemented and monitored.
- We saw evidence which confirmed all clinical and non-clinical staff had received training in safeguarding, infection control and basic life support (BLS).

Good



Are services caring?

The practice is still rated as requires improvement for providing caring services.

- Results from the national GP patient survey were still below local and national averages, for example, 57% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 72% and national average of 82%.
- Less than 1% of the practice population were identified as carers.

Requires improvement



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 effective identified at our 8 September and 7 November 2016 and which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this, however the concerns relating to being caring remains unaddressed.

Good



People with long term conditions

The provider had resolved the concerns for effective identified at our 8 September and 7 November 2016 and which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this, however the concerns relating to being caring remains unaddressed.

Good



Families, children and young people

The provider had resolved the concerns for effective identified at our 8 September and 7 November 2016 and which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this, however the concerns relating to being caring remains unaddressed.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for effective identified at our 8 September and 7 November 2016 and which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this, however the concerns relating to being caring remains unaddressed.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for effective identified at our 8 September and 7 November 2016 and which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this, however the concerns relating to being caring remains unaddressed.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for effective identified at our 8 September and 7 November 2016 and which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this, however the concerns relating to being caring remains unaddressed.

Good



Drs B B Quansah and A Adedeji Practice

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection team included a CQC lead inspector and a GP specialist advisor.

Background to Drs B B Quansah and A Adedeji Practice

Drs B B Quansah and A Adedeji Practice also known as Halbutt Street Surgery provides NHS primary care services to approximately 6770 people living in the London Borough of Barking and Dagenham and is part of the NHS Barking and Dagenham Clinical Commissioning Group (CCG). The service is provided through a general medical services (GMS) contract. The practice is well served by local bus routes and permit free parking is available on surrounding streets.

The practice is led by one male and one female GP partners and they have three regular male locums collectively working 26 clinical sessions per week. They are supported by one full time female practice nurse, a part time female health care assistant (HCA), practice manager and three reception/administrative staff. At the time of the inspection the practice was in the process of recruiting additional reception staff.

The practice opens between 8am and 7pm Monday to Friday, with the exception of Thursday when the practice closes at 1pm. The practice telephone lines are open

between 8am and 6.30pm. Appointments are available from 9am to 12.30pm every morning, with the exception of Tuesdays when the appointments started from 8.30am. Evening appointments were from 3pm to 6.30pm daily. Extended hours appointments are offered on Mondays, Tuesdays and Fridays from 6.30pm to 7.30pm. Out of hours services are provided by the Out of Hours GP Hub and NHS 111 services when the practice is closed. Information on the Out of Hours services is provided to patients on the practice website as well as through practice leaflet and on posters.

Information taken from the Public Health England practice age distribution shows the population distribution of the practice was similar to that of other practices in England, with the exception of a higher proportion of children between the ages of zero and 19 years. The life expectancy of male patients was 76 years, which one year less than the CCG and three years less than the national average. The female life expectancy at the practice was 81 years, which is the same as the CCG average and two years less than the national average of 83 years. Information published by Public Health England (PHE) rates the level of deprivation within the practice population group as six on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

Drs B B Quansah and A Adedeji Practice is registered to provide the following regulated activities from Halbutt Street Surgery, 2 Halbutt Street, Dagenham, RM9 5AS.

- Diagnostic and Screening Procedures
- Treatments of Disease, disorder or injury
- Family planning
- Maternity and Midwifery.

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Drs B B Quansah and A Adedeji Practice on 8 September and 7 November 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 September and November 2016 can be found by selecting the 'all reports' link for Drs B B Quansah and A Adedeji Practice on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Drs B B Quansah and A Adedeji on 12 September 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.

How we carried out this inspection

Before visiting, we reviewed information sent to us by the practice that told us how the breaches identified during the 8 September and 7 November 2016 comprehensive inspection had been addressed. During our visit we:

- Spoke with one of the GP partners and practice manager.
- Reviewed a sample of the personal care or treatment records of patients.
- Looked at information the practice used to deliver care and treatment plans.
- Reviewed policies and procedures.

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 effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 8 September and 7 November 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of clinical audits, high diabetes exception reporting and staff training needed improving. We issued a requirement notice in relation to this breach.

These arrangements had improved when we undertook a follow up inspection on 12 September 2017. The practice is now rated as good for providing effective services.

Management, monitoring and improving outcomes for people

At the previous inspection we found that performance for diabetes related indicators was lower than CCG and national averages. For example, QOF data from 2015/16 showed 64% of patients with diabetes had a blood sugar level of 64mmol/mol or less in the preceding 12 months compared to the CCG and national averages of 78%. The practice's exception reporting rate at 25% was higher than the CCG average of 14% and national average of 13%. At this inspection we reviewed unpublished and unverified data submitted to QOF 2016/17 and found there had been improvements for this patient group. We also looked at six clinical records for patients who had been exception reported and found that the practice did not always follow the exception reporting criteria for two patients. We spoke to the GP who told us this was an oversight. The practice also told us they were being proactive, for example, they signed up to the local diabetes improvement service and a member of staff was responsible for contacting patients to attend reviews. In addition, patients newly diagnosed with diabetes were referred to education and self-management classes.

At the last inspection there was some evidence of quality improvement including clinical audit; however there was no evidence of completed audit with two cycles where the improvements made were implemented and monitored. At this inspection there had been six clinical audits

commenced in the last two years; one of which was completed and where the improvements made were implemented and monitored. For example, the practice carried out an audit which looked at thromboprophylaxis in atrial fibrillation (AF) patients using the CHA2DS2-VASc (risk score calculator used to assess the risk of stroke in patients with atrial fibrillation). The criterion for the audit was based on current guidelines that anticoagulants should be offered to all patients with AF and with a CHA2DS2VASc score of 2 or more. The first cycle commenced in May 2016 and the practice clinical system identified 40 patients on the AF register; 17 of these patients had a CHA2DS2VASc of 2, however only nine patients (53%) had been prescribed anticoagulants. The remaining eight patients (47%) were referred to either a cardiology or anticoagulant clinic for assessment where seven patients were started on anticoagulant drugs immediately. The second cycle of the audit which commenced in December 2017 showed that 94% of patients diagnosed with AF were now optimising their treatment. Other ongoing audits related to diabetes, Methotrexate prescribing, chronic obstructive pulmonary disease (COPD), hospital only drugs and cervical screening uptake.

Effective staffing

At the last inspection the practice did not have record to confirm clinical staff had completed mandatory training such as safeguarding, infection control and basic life support. At this inspection we saw evidence all clinical and non-clinical staff had received these training.

Supporting patients to live healthier lives

At the previous inspection we noted that the uptake rate for cervical cytology screening was slightly below the CCG and national averages. At this inspection the practice was able to demonstrate steps they had put in place to drive uptake rates. Some of the initiatives included; poster adverts, dedicated weekly smear clinics, opportunistic screening and a dedicated member of staff who contacted and followed up ladies who did not attend their cervical screening test.

Are services caring?

Our findings

At our previous inspection on 8 September and 7 November 2016, we rated the practice as requires improvement for providing caring services as results from the national GP patient survey results showed lower than average satisfaction scores on consultations with GPs and nurses. There was no carer's register and the practice was not proactively identifying patients who were also carers.

We found that the carer's register had been introduced when we undertook a follow up inspection on 12 September 2017 and the practice had identified 46 patients as carers which showed some improvement. The practice is still rated as requires improvement for providing caring services.

Kindness, dignity, respect and compassion

At the last inspection the management team were not aware of the practice's below average performance in the national GP patient survey. At this inspection management demonstrated they had a better oversight of the survey results and systems were in place to improve and monitor patients' satisfaction. Results from the most recent national GP patient survey was still below local and national averages. For example, when we inspected in September and November 2016 77% of patients surveyed said the GP was good at listening to them whereas the GP survey results published in July 2017 showed this had declined to 67%. The practice was aware of these recent results and told us they were in the process of carrying out their own in house survey, however at the time of inspection these

results had not been collected or summarised. We did look at results from the Family and Friends test (FFT) for August 2017 and found that 90% of patients were either extremely likely or likely to recommend the practice to friends and families.

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey published in July 2017 showed patients responded less favourably to questions about their involvement in planning and making decisions about their care and treatment. Results were still below local and national averages, for example, 57% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 72% and national average of 82%. Similarly, 70% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 78% and national average of 86%. The practice told us they were now using a different clinical system which should improve the management of test results as the previous system did not allow direct access to test results.

Patient and carer support to cope emotionally with care and treatment

At the last inspection the practice had identified 8 patients as carers which represented 0.1% of the practice population. At this inspection this had improved to 46 patients and the practice demonstrated how they had planned to increase this number. This information was now incorporated on the new patient registration form and staff were informed on how to code patients with caring responsibilities on the clinical system.