

# The Drive Surgery

## Quality Report

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

This inspection was an announced focused inspection carried out on 22 August 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 21 July 2016. At that inspection we rated the Safe, Responsive and Well-Led domains as Requires Improvement and Effective and Caring as Good leading to an overall rating of Requires Improvement. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection. Whilst the Safe and Well-Led domains are now rated as Good the Responsive domain is still rated as Requires Improvement.

Overall the practice is now rated as Good.

Our key findings were as follows:

- The National Patient Survey scores published in January 2017 were still significantly lower than the national average in a number of areas and whilst some improvements had been made this was still an area for improvement.
- The practice had taken action to install fire smoke detectors and for all portable electrical equipment to be tested annually.
- The practice's fire evacuation plan was on display in several prominent places, including the waiting area and staff were aware of their responsibilities.
- As part of its comprehensive refurbishment programme, new flooring had been laid in all clinical areas, which included coved skirting, thereby reducing the risk of cross infection.
- The practice had installed new wash hand basins in all clinical rooms which were without plugs and with a smooth surface splash-back.
- The premises, whilst still limited for space were more suitable for the purpose of providing primary care, particularly in the new nurse's room.
- The waiting area had been redesigned, thereby offering patients easier access to the reception desk and other clinical rooms.

# Summary of findings

- The practice had carefully considered the management of patients with long term conditions and had introduced additional doctor and nursing support to improve the management of these patients. They had evaluated and reviewed patients who had been exception reported in all clinical domains and were particularly looking at reducing exception reporting for both their COPD and mental health patients. A significant improvement had been seen in the exception reporting of their atrial fibrillation patients.
- The practice's uptake for cervical screening was currently at 68% and the target was 80%. They were encouraging more females to engage in this programme, but had historically encountered some ethical issues. Further improvement was anticipated as a result of more input from GPs and additional nursing time.
- Uptake rates for childhood immunisations were currently 89% to 96% for 1 year olds and 84% to 94% for 2 year olds and above. These figures compared favourably with CCG and national rates.

The number of carers had increased to 216, which was 4% of the practice list size. Staff remained focused on increasing this number further.

There were areas of practice where the provider needs to make improvements.

The provider must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care, specifically relating to the review of and acting upon patient feedback on accessing services.
- The provider should:
- Install a privacy curtain around the examination couch in one of the GPs rooms.
- Remove patient's paper records from an unlocked cupboard in the nurse's room and keep in a secure place.
- Permanent locums were part of the clinical team, however clinical matters were not being formally discussed with them, thereby ensuring they were fully involved in influencing how high quality care could be delivered and recorded.
- Consider the practicalities and seek professional guidance of how to safely evacuate a disabled patient through the fire exit to the rear of the premises, as access to this was not straightforward.
- Ensure the locum GPs training needs and records were up-to-date.
- Extend the cleaning record and checklist to include all areas.

**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



- We found a number of paper records held in an unlocked cupboard in the new nurse's room.
- We felt the fire exit to the rear of the premises was difficult to access, particularly for disabled patients.
- The cleaning schedule only recorded checks on toilet areas and should be extended to include all clinical areas.

### Are services responsive to people's needs?

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

Requires improvement



- The impact on improving patient satisfaction for accessing services was not complete and required further development. This particularly related to telephone access; convenience of appointments and waiting too long to be seen.
- Patients said they were finding it easier to make an appointment and additional telephone lines had been installed to assist with this. Two permanent GP locums had been introduced, along with more nursing hours and a health care assistant was to be appointed from September. Urgent appointments continued to be available on the same day.
- Services were easier to access since the premises had been refurbished and the layout changed to offer much improved space for clinical activities. The decoration was bright throughout and the floor coverings had been appropriately replaced. The practice planned to complete the refurbishment programme by replacing the worn out vinyl patient chairs in the clinical rooms. The practice agreed to install a privacy curtain around the examination couch in a GPs room.

### Are services well-led?

The practice is rated as good for providing well led services.

Good



- The practice's governance framework had been reviewed in order to support the delivery of good quality care which was being monitored.

# Summary of findings

- Action had been taken to improve the appointments booking system. For example, same day appointments were available for all patients over 75 years of age, along with additional clinical staff being introduced and increased use of telephone consultations.
- There was no formal meeting structure in place to inform the permanent GP locums that proper governance was being followed, in order to demonstrate consistent patient management in areas such as referrals, prescribing and QOF performance.
- The permanent locum's training records had not been updated.

# 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 21 July 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 21 July 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 21 July 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 21 July 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 21 July 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 21 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Summary of findings

## Areas for improvement

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care, specifically relating to the review of and acting upon patient feedback on accessing services.

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

- Install a privacy curtain around the examination couch in one of the GPs rooms.
- Remove patient's paper records from an unlocked cupboard in the nurse's room and keep in a secure place.

- As permanent locums were part of the clinical team, introduce a means of formally discussing and recording clinical matters with them, thereby ensuring they were fully involved in influencing how high quality care could be delivered.
- Consider the practicalities and seek professional guidance on how to safely evacuate a disabled patient through the fire exit to the rear of the premises, as access to this was not straightforward.
- Ensure the permanent locum GPs training needs and records were up-to-date.
- Extend the cleaning record and checklist to include all areas.

# The Drive Surgery

## Detailed findings

### Our inspection team

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

Our inspection was carried out by a CQC inspector.

## Background to The Drive Surgery

The Drive Surgery is located in Cranbrook in north east London. It is one of the 47 member GP practices in NHS Redbridge Clinical Commissioning Group (CCG). The practice is housed in a converted residential property and has approximately 5,500 registered patients

The practice serves a mixed population (29% White, 14% Asian / British Asian, 5% Black / African / Caribbean / Black British), and is located in the fifth less deprived decile of areas in England. At 79 years, male life expectancy is the same as the England average and at 83 years female life expectancy is also the same as the England average. It has a higher proportion of patients in the 0 to 14 years and 25 to 39 years age ranges compared with the England average, and fewer patients in the 45 to 85+ years age range.

Services are provided by The Drive Surgery partnership under a General Medical Services (GMS) contract with NHS England. The partnership is made up of two female GPs who each work nine sessions a week. Two male locum GPs are working two regular sessions a week each. There is one female part-time nurse who works four mornings a week, as well as a new female nurse who works two sessions a week, one in the morning and one in the evening. There are plans to introduce a female health care assistant in September, working 16 hours a week, some of which will be as a receptionist, depending on demand. There had also

been discussions concerning offering clinical sessions on a Thursday afternoon. The clinical staff are supported by a team of part-time reception staff and a part-time practice manager (30 hours per week).

The practice's opening times are:

- 8.00am to 6.30pm Monday to Thursday
- 8.00am to 8.00pm on Friday

Patients are directed to an out of hours GP service outside these times.

Appointments are available between the following times:

- 9.30am to 12.30pm and 4.00pm to 6.00pm Monday to Wednesday.
- 9.30am to 12.30pm on Thursday. There are plans to introduce clinical sessions on a Thursday afternoon.
- 9.30am to 12.30pm, 4.00pm to 6.00pm and 6.30pm to 8.00pm on Friday.

The practice is registered to carry out the following registered activities:

Treatment of disease, disorder or injury; Maternity and midwifery services; Family Planning.

## Why we carried out this inspection

We undertook a comprehensive inspection of The Drive Surgery on 21 July 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 overall in the Safe, Responsive and Well-led domains but was rated Good



# Detailed findings

under Effective and Caring. The full comprehensive report following the inspection on 21 July 2016 can be found by selecting the 'all reports' link for The Drive Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of The Drive Surgery on 22 August 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

During our visit we:

- Spoke with a range of staff (two GP partners and a locum GP, practice manager and deputy manager and a receptionist) and spoke with three patients who used the service.
- Observed how patients were being cared for in the reception area.
- Looked at information the practice used to deliver care and treatment plans.

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

# Are services safe?

## Our findings

**At our previous inspection on 21 July 2016, we rated the practice as requires improvement for providing safe services as delays were found in action taken following the identification of risks to patients.**

**These arrangements had significantly improved when we undertook a follow up inspection on 22 August 2017. The practice is now rated as good for providing safe services.**

### Overview of safety systems and process

- The practice had now ensured that it maintained appropriate standards of cleanliness and hygiene as all floors in clinical areas had been replaced and had coved edging, thereby significantly removing the risk of cross infection.
- We found a number of patient's paper records held in an unlocked cupboard in the new nurse's room. We saw evidence within 48 hours of our inspection that these cupboards had had locks fitted in the short-term and that the records had subsequently been transferred to a lockable cabinet.
- We found the fire exit to the rear of the premises was difficult to access, particularly if being used to evacuate a disabled patient. Within 48 hours of our inspection, the practice was able to demonstrate that they had taken professional advice as to how this could be improved by following guidance in their fire risk assessment and clearly marking the step with high visibility material.

- The cleaning schedule only included checks on the toilet areas and within 48 hours of our inspection, we were given evidence that this had been extended to include clinical areas.

### Monitoring risks to patients

- The practice had taken action to remedy shortfalls listed in their fire risk assessment dated January 2016. This included installing fire smoke detectors and displaying the fire evacuation plan in several areas, including the main waiting area. Staff were also familiar with their responsibilities in the event of a fire. All portable electrical equipment had been tested and labelled. The practice had received an up to date fire risk assessment dated August 2017, which included a comment, "If disabled persons frequent the premises, a plan showing emergency evacuation procedures is required." This applied to the rear fire door, which was difficult to access through the practice manager's office and led out into a narrow space with a step down from the door. Within 48 hours of our inspection, the practice was able to demonstrate that they had taken professional advice as to how this could be improved by following guidance in the fire risk assessment and clearly marking the step with high visibility material. The practice had also arranged to secure two free standing fire extinguishers to the wall. Regular fire drills continued to be held.

### Arrangements to deal with emergencies and major incidents

At the last inspection on 21 July 2016 it was noted the practice did not have a defibrillator available on the premises. Evidence had been provided within 48 hours of that inspection that it had been purchased and this was seen in the nurse's room on the day of our inspection.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**At our previous inspection on 21 July 2016, we rated the practice as requires improvement for providing responsive services as patients said they found it difficult to make an appointment, although urgent appointments were available the same day. Services were also hard to access because the premises were cramped, the layout was poor, and the decorations, floor coverings and some furniture were worn out.**

**These arrangements had begun to reflect some improvements when we undertook a follow up inspection on 22 August 2017. However, the practice is still rated as Requires Improvement for providing responsive services as a number of scores in the National Patient Survey are still significantly below national average. It is recognised that the practice continues to develop their action plan in this area.**

### Responding to and meeting people's needs

Previously, services were hard to access because the premises were not appropriate for the services being provided. Patients were now able to easily access the nurse's room as it was situated on the corridor close to the main entrance. Also the patient toilet was easier to access. The new reception desk had been designed to look out onto the patient waiting area and space for patients to wait had been maximised. The premises were previously cramped, with a poor layout and in need of redecoration; new floor coverings and some furniture was worn out. Following a comprehensive refurbishment programme, more space had been created, especially in the waiting area and the nurse's room. The premises had been redecorated and suitable floor coverings laid. Since our inspection new patient chairs had also been provided in clinical rooms and a privacy curtain installed around the examination couch in a GPs room.

### Access to the service

Results from the national GP patient survey dated July 2016 showed that patient's satisfaction with how they could access care and treatment was lower than national averages. For example,

- 61% of patients were satisfied with the practice's opening hours compared to the national average of 78%. The January 2017 survey showed this had risen to 64%, whilst the national average to fallen to 76%.

- 37% of patients said they could get through easily to the practice by phone compared to the national average of 73%. The January 2017 survey showed this had reduced to 32% and the national average had also fallen to 71%. However, the practice had taken some action to improve this by installing additional telephone lines, meaning more members of the practice team were available to take patient's calls.

- 27% of patients said the last appointment they got was not convenient compared to the national average of 8%. This figure had increased to 34%, although the practice was able to demonstrate they were flexible in their approach to offering appointments.

- 66% of patients felt they waited too long to be seen compared to the national average 35%. The January 2017 survey showed this had increased to 83% and the practice had taken some action to improve this by increasing the number of GPs and asking patients not to present with a number of medical problems, or to include one or more family members in the consultation.

The practice had continued to increase the use of online services and telephone consultations were now routinely carried out. Installing additional phone lines and additional GP input had also helped. However, although the impact on patient satisfaction for accessing services showed some improvement, this area still required further development.

The practice had conducted its own patient survey in 2016 to find out how patients used and understood the appointment system. This survey was repeated in July 2017 which resulted in 100 respondents (2% of the practice population). This survey showed:

- 94% of patients said they were satisfied with the practice's opening hours and 60% of patients said they were either seen on the same day, or the following day.
- The practice had not reassessed patient's satisfaction of how easy it was to get through to the practice by phone since additional telephone lines had been installed.
- 58% of patients said they used the practice website to book online appointments and they were to be further encouraged to do so by posters being displayed around the surgery.

# Are services responsive to people's needs?

(for example, to feedback?)

- 95% of patients rated the overall care given by the GPs as "Good" and 93% of patients rated the care given by the nurse as "Good".
- 77% of patients said they found the help and advice from receptionists as "Good."
- 56% of patients said they were either always or almost always able to get advice from the doctor over the telephone.

A set of proposals to improve access was drawn up, including encouraging patients to make better use of the practice website when booking an appointment, sending SMS reminders for forthcoming patient's appointments and ensuring patient's mobile contact details were correct.

# 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 21 July 2016, we rated the practice as requires improvement for providing well-led services as there was no overarching governance structure, particularly in the area of booking appointments.**

**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 22 August 2017. The practice is now rated as good for being well-led.**

### Vision and strategy

Emphasis had been laid on the practice moving into newly refurbished premises adjacent to its existing premises. However, following the completion of a comprehensive refurbishment programme, the decision had been taken not to pursue this project and to provide services from the existing premises. Patients we spoke to on the day of our inspection told us the new surgery layout felt much more suitable for people's needs.

### Governance arrangements

- It had been previously noted that whilst quality was being monitored, effective action was not being taken to make improvements to patient access, particularly the appointment booking system. This had now been

partially addressed by introducing more clinical staff and providing additional clinical sessions on a Thursday afternoon, as well as increasing the number of telephone lines.

- At the previous inspection we identified that risks were being identified and recorded, however some were not being managed, for example those associated with fire safety and infection control. The practice had now taken action to install fire smoke detectors and for all portable electrical equipment to be tested annually. In addition, a fire evacuation plan was on display in several prominent places, including the waiting area.
- As part of its refurbishment programme, the practice had laid new flooring in all clinical areas, including a coved skirting, thereby reducing the risk of cross infection and had also installed new wash hand basins in all clinical rooms which were without plugs and had a smooth surface splash-back.

### Leadership and culture

- Two new GP locums had been introduced in the practice in the last 12 months. They were working four regular sessions at the practice but were not involved in any formal meetings to ensure that proper governance was being followed. Within 48 hours of our inspection, the practice confirmed a clinical forum had been set up and the first meeting had taken place within two days of the inspection and minutes were taken. Quarterly meeting dates had also been set. The GP locum's training records had also been brought up-to-date.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. The processes introduced to improve the quality of services were not yet fully effective. National GP survey results showed patients continued to find it difficult to access the service in certain areas and the action plan needed further development to remedy this.</p> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>