

Ilford Medical Centre

Quality Report

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Ilford

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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?		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 Ilford Medical Centre on 22 April 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment by their GP.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- The practice had improved the ease with which patients were able to make an appointment with a GP. The practice recognised still further improvement was required and had a robust action plan in place to achieve this. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Consider further ways of meeting the needs patients with long term conditions given the comparatively high exception reporting rates in some clinical domains.
- Continue to monitor and develop telephone access and appointment availability so that improvement is sustained and patients' satisfaction with the service overall is further increased.

Summary of findings

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.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- 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.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice lower than others for aspects of care received from nursing staff. This related to a time when the practice had a nurse vacancy, which had since been filled.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment by their GP.
- Information for patients about the services available was easy to understand and accessible.

Good



Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

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. For example the practice opened extended hours to 7.00pm on Mondays, Wednesdays and Fridays, and from 8.30am to 10.30am on Saturdays.
- National GP patient survey results showed 21% of patients always or almost always saw or spoke to the GP they preferred. This was comparable to the CCG average of 29% and the England average of 36%. The number of available appointments was greater than that contractually required.
- The practice recognised it needed to improve patients' experience of the responsiveness of the service however, and other data sources showed progress. A robust action plan was in place to build on this progress.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a vision to deliver high quality care and promote good outcomes for patients. Development plans were in place to continue to improve the responsiveness of the service. Staff were clear about the vision and the plans, and their responsibilities in relation to them.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population, including phlebotomy for these patients.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Each person over the age of 75 years had a named GP to ensure continuity of care.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Diabetes indicators compared well with CCG and national averages. The practice offered insulin initiation.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



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. Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of women aged 25-64 who had a cervical screening test performed in the preceding 5 years was 83%, which was similar to the England average of 82%.

Good



Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies. It was the practice's policy to assess all children under 12 presenting as an emergency the same day.
- The practice had held parent education sessions, led by a parentologist, to increase new parents' confidence and knowledge.

Working age people (including those recently retired and students)

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

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

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including housebound people, those with a learning disability, and those at the end of their life.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice was working towards Gold Standard Framework (GSF) silver accreditation as part of improving care for patients at the end of their life. GSF is a systematic, evidence based approach to optimising care for all patients approaching the end of life, delivered by generalist frontline care providers.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations, for example Redbridge foodbank.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

Good



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

- 89% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the CCG average of 83% and the national average of 84%.
- The practice's patient outcomes for mental health indicators were comparable with national averages. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses:
 - Who have a comprehensive agreed care plan documented in the record in the preceding 12 months was 91%
 - Whose alcohol consumption has been recorded in the preceding 12 month was 93% (CCG 91%, England 90%).
- The practice took a proactive approach to dementia identification, for example all new patients registering with the practice were risk assessed.
- The local psychological therapies service provided counselling at the practice once a week improving access to this service.

Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was not always performing in line with national averages. Four hundred and eight survey forms were distributed and 120 were returned. This represented one per cent of the practice's patient list.

- 20% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 47% of patients were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 48% of patients described the overall experience of this GP practice as good (national average 85%).
- 40% of patients said they would recommend this GP practice to someone who has just moved to the local area (national average 79%).

Data from other sources, for example NHS Choices reviews and the Friends and Family Test (FFT) gave a more positive and improving picture however. The proportion of NHS Choices reviews rating the practice three and above was 43.5% in 2015-16, compared with 19% in 2014-15. The FFT score was 76 in 2015-16, compared to 56 in 2014-15. The FFT score is a measure of how likely respondents are to recommend a practice to friends and family. Most of the complaints received by the practice continued to be about booking appointments, however the overall number of complaints received by the practice had reduced markedly, from 150 complaints in 2012 to 36 in 2015-16.

The practice had replaced its telephone system four months prior to the inspection, and continued to modify the system to offer patients a more responsive service, for example to reduce the amount of time patients would be kept in a queue and to arrange call backs instead. The

new system also enabled the practice to monitor and analyse phone usage, for example the number of hang ups and when the lines were busiest, to work out how best to staff the phones.

We saw that the number of appointments available exceeded contractual requirements.

The practice had put an action plan in place to continue to improve access, in discussion with staff and the patient participation group (PPG). For example it had recruited a clinical pharmacist to extend the skills mix within the practice and to increase capacity, and was in the process of recruiting additional receptionists to increase the number of staff answering the phones and on the front desk. The practice was considering offering online consultations. The PPG was involved in patient education activities about the appropriate use of the appointment system.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 36 comment cards which were all positive about the standard of care received. Patients said they were treated well and listened to, and had trust and confidence in the staff. Feedback about the appointment system was mixed. Nine cards included comments on the appointment system: five of them said it was difficult to get an appointment and four said it was easy.

We spoke with nine patients during the inspection. All nine patients were satisfied with the treatment and care they received, and thought staff were very good at their jobs. They too were less positive about the appointment system. They said the wait to see their preferred doctor, if they had one, was too long and that it was difficult to book a routine appointment for when they wanted one. They said it was always possible to get an emergency appointment, however.

Ilford Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP Specialist Adviser and an Expert by Experience.

Background to Ilford Medical Centre

Ilford Medical Centre is located in Ilford in north east London. It is one of the 47 member GP practices in NHS Redbridge CCG.

The practice serves an ethnically diverse population, and is located in the fourth more deprived decile of areas in England. At 78 years, male life expectancy is lower than the England average of 79 years. At 83 years, female life expectancy is the same as the England average.

The practice has approximately 12,600 registered patients. It has fewer patients aged 45 years and above compared with the England average, and more in the 25 to 39 years and 0 to 14 years age ranges than the England average. Services are provided by the Ilford Medical Centre partnership under a General Medical Services (GMS) contract with NHS England. The partnership is made up of five GPs.

The practice is in purpose built health care premises owned by the partnership. Patient areas and facilities are accessible to wheelchair users. There is no patient car park.

The five partners together with four salaried GPs provide the equivalent of 6.8 whole time GPs. There are five female and four male GPs. There are two part time nurses (1.2 whole time equivalent or WTE) and two part time

healthcare assistants (0.92 WTE). Clinical staff are supported by a team of receptionist, secretarial and administrative staff led by a full time practice manager and a part time assistant practice manager (0.85 WTE).

The practice is an accredited GP training and teaching practice and one of the partners is an approved trainer.

The practice's opening times are:

- 8.00am to 1.00pm and 2.00pm to 6.30pm, Monday, Tuesday, Wednesday and Friday
- 8.00am to 1.00pm on Thursday

Outside these times patients are directed to an out of hours GP services.

Appointments are available at the following times:

- 8.00am to 12 noon, 3.30pm to 6.00pm and 6.30pm to 7.00pm on Monday, Wednesday and Friday
- 8.00am to 12.00pm and 3.30pm to 6.00pm on Tuesday
- 8.00am to 12.00pm on Thursday
- 8.30am to 10.30am on Saturday

Ilford Medical Centre is registered with the Care Quality Commission to carry on the following regulated activities at 61 Cleveland Road, Ilford, Essex IG1 1EE: Diagnostic and screening procedures and Treatment of disease, disorder or injury.

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

Detailed findings

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.

We inspected this service before in 2013 and found it was compliant with the Essential Standards we inspected. The inspection report can be found at www.cqc.org.uk/location/1-559517846.

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 22 April 2016. During our visit we:

- Spoke with a range of staff (GPs, practice manager, nurse and reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- 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 they would inform the practice manager, the assistant practice manager or one of the GPs of any incidents and there was a recording form available on the practice's computer system. 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.

We reviewed significant event analysis reports 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, new switchless sockets were installed and the vaccines fridge plug was clearly labelled that it was not to be unplugged. This action was taken after the fridge was unplugged by mistake and the stock within it had to be disposed of.

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 safeguarding lead GPs, one for children and one for adults. Information was shared within the practice to ensure staff were aware of those children and adults

requiring their special care and attention, and the practice 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. GPs were trained to child protection or child safeguarding level 3 and nurses, and some members of the non clinical team depending on their role, were trained to level 2.

- 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The head practice nurse was the infection control clinical lead, a role that was due to be filled when the newly recruited post holder joined the practice full time on 01 May 2016. There was an infection control protocol in place and staff were completing refresher training, working through an e-learning course. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- 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. 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. Health care assistants were trained to administer the flu vaccine against a patient specific direction from a prescriber.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to

Are services safe?

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 administration area which identified the local health and safety representative. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. In response to monitoring the practice was recruiting additional staff including a clinical pharmacist and more reception staff. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was a panic alarm system in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. 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 practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through outcomes monitoring, audits and attendance at learning events.

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 100% of the total number of points available.

The exception reporting rate overall was 9.9%, compared with CCG average of 6.9% and lower than the England average of 9.2%. It was however much higher than average in certain clinical domains:

- Atrial fibrillation (practice 22%, CCG 11%, England 11%)
- Diabetes mellitus (practice 14%, CCG 7%, England 11%)
- Dementia (practice 15%, CCG 10%, England 8%)
- Depression (practice 36%, CCG 25%, national 24.5%)
- Cardiovascular disease – primary prevention (practice 57%, CCG 20%, England 30%)
- Cervical screening (practice 23%, CCG 8%, England 6%).

The provider told us they followed the standard criteria for exception reporting and that a particular difficulty for the practice was the high mobility of its population. (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 2014-15 showed:

- Performance for diabetes related indicators was comparable to national averages, for example the percentage of people with diabetes in whom the last blood pressure reading within the preceding 12 months is 140/80 mmHg or less was 81% (national average 78%), the percentage with a record of a foot examination and risk classification within the preceding 12 months was 95% (national average 88%), and the percentage who have had influenza immunisation in the preceding 1 August to 31 March was 96% (national average 94%).
- Performance for mental health related indicators was comparable to the national average, for example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 91% (national average 88%).
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face meeting in the preceding 12 months was 89% (national average 84%).

There was evidence of quality improvement including clinical audit.

- We saw a number of clinical audits carried out in the last two years, one of which was an example of a completed audit where the improvements made were implemented and monitored. This audit looked at cancer care and showed an improvement in detection rate.
- The practice participated in local audits and benchmarking.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit included identifying and better supporting more type 2 diabetic patients to add insulin to their oral therapy to achieve better control of their blood glucose level.

Information about patients' outcomes was used to make improvements such as the programme put in place that increased the number of cervical smears taken from around 360 in 2014 to 520 in 2015.

Effective staffing

Are services effective?

(for example, treatment is effective)

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 confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The practice had subscribed to a recognised provider of online training to GP practices and staff were working through courses relevant to their role.
- 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 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, clinical supervision and facilitation, and support for revalidating GPs and nurses. 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.

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 regular basis when care plans were 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 worked with the patient's carer to make a decision about treatment in the patient's best interests when required.

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.
- The practice was working towards Gold Standard Framework (GSF) silver accreditation as part of improving care for patients at the end of their life. GSF is a systematic, evidence based approach to optimising care for all patients approaching the end of life, delivered by generalist frontline care providers. The practice met regularly with the local palliative care team of health and care professionals.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 79% and the national average of 82%. A female multilingual member of staff telephoned women to invite them for the test and clinical staff also reminded women patients opportunistically to have the test when it was due.

Are services effective?

(for example, treatment is effective)

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.

We saw that the practice was also encouraging its patients to attend national screening programmes for bowel and breast cancer screening, albeit with mixed success. Breast cancer screening uptake was similar to other practices (practice 60.5%, CCG 63%, England 73%) and bowel cancer screening uptake was lower than other practices (practice 40%, CCG 46%, England 55%).

Childhood immunisation rates were high, ranging from 94% to 99% for vaccinations given to under two year olds, and 92% for the preschool booster given to five year olds, for example.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and 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.

All of the 36 patient Care Quality Commission comment cards we received were positive about the treatment and care experienced. Patients said staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the treatment and care provided by staff, while recognising the difficulties around appointment booking. They said their dignity and privacy was respected. They said they were working with the practice to improve things and that the practice acted on their suggestions.

Results from the national GP patient survey showed patients did not always feel they were treated with compassion, dignity and respect. For example:

- 81.5% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 77% of patients said the GP gave them enough time CCG average 82%, national average 87%).
- 89% of patients said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).
- 74% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 79%, national average 85%).

- 70% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG 82%, national average 91%).
- 62% of patients said they found the receptionists at the practice helpful (CCG average 78%, national average 87%).

The practice recognised patients had been less than satisfied with temporary nursing staff arrangements which it hoped would improve since a permanent replacement had been recruited. The practice was also recruiting more receptionists so that there would be more staff answering the phones and at the reception desk. Staff were completing customer care and conflict resolution training.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients did not always respond positively to questions about their involvement in planning and making decisions about their care and treatment, particularly in respect of the last nurse they saw. For example:

- 70% 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%.
- 70% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 75%, national average 82%).
- 69% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 76%, national average 85%).

The practice recognised patients had been less than satisfied with temporary nursing staff arrangements which it hoped would improve since a permanent replacement had been recruited.

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

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language and required support. We saw notices in the reception area informing patients this service was available.

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 312 patients as carers (2.5% of the practice list). It used the register to target carers for influenza immunisation and NHS health checks. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement the practice sent them a sympathy card. Staff would meet with the family and / or give them advice on how to find a support service if the family needed this.

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.

- The practice offered extended hours on Monday, Wednesday and Friday evenings until 7.00pm, and on Saturday mornings, for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. The practice operated a triage system where patients would speak to a GP to ensure their needs were responded to in a timely way.
- There were disabled facilities and translation services available.
- The practice had introduced a Priority Card Scheme for patients receiving end of life care which enabled staff to put them through to a named clinician who would respond to them as a matter of urgency.
- Advice sessions were held for patients in advance of Ramadan to enable them to observe Ramadan in a way that did not adversely affect their health.
- It had worked with Redbridge Foodbank to improve patients' access to this resource if they needed it.

Access to the service

The practice's opening times were:

- 8.00am to 1.00pm and 2.00pm to 6.30pm, Monday, Tuesday, Wednesday and Friday
- 8.00am to 1.00pm on Thursday

Outside these times patients are directed to an out of hours GP services.

Appointments were available at the following times:

- 8.00am to 12 noon, 3.30pm to 6.00pm and 6.30pm to 7.00pm (extended hours) on Monday, Wednesday and Friday

- 8.00am to 12.00pm and 3.30pm to 6.00pm on Tuesday
- 8.00am to 12.00pm on Thursday
- 8.30am to 10.30am on Saturday

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

- 60.5% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and the national average of 78%.
- 20% of patients said they could get through easily to the practice by phone (CCG average 53%, national average 73%).

The practice had replaced its telephone system four months prior to the inspection, and continued to modify the system to offer patients a more responsive service, for example to reduce the amount of time patients would be kept in the queue and to arrange call backs instead. The new system also enabled the practice to monitor and analyse phone usage, for example the number of hang ups and when the lines were busiest, to work out how best to staff the phones. It was recruiting additional staff to operate the phones and be on the front desk throughout the day.

People told us on the day of the inspection that they were able to get same day appointments when they needed them, but would have to wait as long as two to three weeks for a routine appointment with a named GP. We saw that routine appointments with any doctor were available within 48 hours.

The practice had taken steps to improve the responsiveness of the service and data from other sources showed progress was being made. For example, the proportion of NHS Choices reviews rating the practice three and above was 43.5% in 2015-16, compared with 19% in 2014-15. The highest rating is five. Also, the Friends and Family Test (FFT) score was 76 in 2015-16, compared to 56 in 2014-15. The FFT score is a measure of how likely respondents are to recommend a practice to friends and family. Most of the complaints received by the practice continued to be about booking appointments, however the overall number of complaints received by the practice had reduced markedly, from 150 complaints in 2012-13 to 36 in 2015-16.

Are services responsive to people's needs?

(for example, to feedback?)

The practice had put an action plan in place to continue to improve the responsiveness of the service, in discussion with staff and the patient participation group (PPG). For example it had recruited a clinical pharmacist to extend the clinical skills mix within the practice and to increase capacity. The practice was considering offering online consultations once the migration to a new electronic patient record system that would enable this was completed. The PPG was involved in patient education activities about the appropriate use of the appointment system. The current usage of the online appointment booking system was five per cent of the practice population. The practice had set a target of 70% by 2017.

The practice had introduced a Priority Card Scheme for patients receiving end of life care, which enabled reception staff to put these patients through to a named clinician who would respond to them as a matter of urgency.

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.
- The practice manager was the designated responsible person who led the handling of all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Information was displayed in the waiting area and included in the practice leaflet.

We looked at complaints received in the last 12 months and found they were dealt with in an open and transparent way and in a timely manner. Lessons were learnt from individual concerns and complaints and also from analysis of trends, and action was taken to as a result to improve the quality of care. For example, in addition to the work to improve the appointment booking system, the practice had made patients more aware of the timeframe for issuing repeat prescriptions and had improved its systems to ensure this timeframe was met. The practice had also adopted the electronic prescribing system.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a vision to deliver safe, effective and compassionate care. Plans were in place to increase the capacity of the practice to improve the responsiveness of the service including the addition of a clinical pharmacist to the clinical team and additional reception staff. The provider had invested in a new telephone system and was migrating to a different electronic patient record system later this year with increased functionality, for example to offer patients online GP consultations.

Governance arrangements

The practice had an overarching governance framework which supported the delivery good quality care and the development plans. The framework included structures and procedures put in place to ensure that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were available to all staff and implemented.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- 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, effective 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 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.
- 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, 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. The PPG met regularly and submitted proposals for improvements to the practice management team. It was working with the practice to improve the responsiveness of the service by carrying out education activities for patients aimed at increasing their understanding of how the practice and wider NHS worked, and how to use these services more appropriately to better meet their needs.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and

Are services well-led?

Good 

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

engaged to improve how the practice was run, for example a member of the reception staff had proposed the Priority Card Scheme for patients receiving end of life care, which enabled staff to put these patients through to a named clinician who would respond to them as a matter of urgency.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. It tried new ways of working in order to improve patients' experience of the service, for example the Priority Card Scheme for patients receiving end of life care; and worked with other services to address patients' wider needs, for example Redbridge foodbank.