

# Cranbrook Surgery

## Inspection report

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Date of inspection visit: 24 February to 24 February  
2020

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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 location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Requires improvement 

# Overall summary

At the previous inspection published in February 2019. The practice was rated as requires improvement overall, requires improvement for providing a safe service, inadequate for providing a well-led service and good for providing an effective, caring and responsive service. This was because:

Lack of safe systems for the safety alerts, follow up of cervical screening, and the administration of medicines, the prevention of infectious diseases and recruitment. In addition, areas of the premises were unsafe.

At this inspection, we found that the provider had addressed these areas but due to moving premise and the change in practice management further time was required to embed the new systems and processes.

We based our judgement of the quality of care at this service is on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We rated the service as Good overall.

We rated all of the population groups as Good, with the exception of: -

- Children and families which we rated requires improvement in responsive because of a lack of staff awareness of the protocol regarding children who regularly did not attend appointment or regularly attended A&E.
- Working age people which we rated requires improvement because of the practice required further improvement to enable it to reach the national targets for cervical screening.

We rated the practice as Good for providing safe, effective caring and responsive services because:

- The practice had made improvements to the management of infection control, staff recruitment, safety alerts and medicines management.
- The practice had moved premises and had taken all the appropriate actions to ensure the safety of both patients and staff.
- The practice provided care in a way that kept patients safe and protected them from avoidable harm.

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- The GP survey and the practices own survey both demonstrated positive feedback about the practice.
- Patients received effective care and treatment that met their needs.

We rated the practice as requires improvement for providing a well-led service because; -

- Although we found the practice and the new practice manager had made improvements in the short time they have been in post, further work was required to ensure the new systems and processes were reviewed, updated and fully embedded. Such as the development of protocols, the continued review of patient records workflow, the lack of a training overview and the lack of staff awareness regarding the protocol for children who regularly did not attend appointment

The areas where the provider **must** make improvements are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

(Please see the specific details on action required at the end of this report).

The areas where the provider **should** make improvements are:

- Continue to take action to improve the systems to improve the uptake rates of cervical screening and child immunisation.
- Take action to ensure staff clinical staff are aware of their accountable officer for controlled drugs.
- Take action to and carry out daily checks of the vaccine fridge thermometer to ensure medicines are stored at the appropriate temperatures.

**Details of our findings and the evidence supporting our ratings are set out in the evidence tables.**

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care.

## Population group ratings

Older people	Good	
People with long-term conditions	Good	
Families, children and young people	Requires improvement	
Working age people (including those recently retired and students)	Requires improvement	
People whose circumstances may make them vulnerable	Good	
People experiencing poor mental health (including people with dementia)	Good	

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a practice nurse adviser and a practice manager adviser.

## Background to Cranbrook Surgery

Cranbrook Surgery is located at: -

737A Cranbrook Road

Ilford

IG2 6RJ

The practice had recently relocated to new premises in the same area, that are constructed of portacabins, this is a temporary measure whilst they wait to move to permanent premises in the same area. The practice has parking and disability access.

The practice has a General Medical Services (GMS) contract and conducts the following regulated activities for 4,500 patients: -

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury
- Maternity and midwifery services
- Family planning
- Surgical procedures

Redbridge Clinical Commissioning Group (CCG) is the practice's commissioning body

Care and treatment are delivered by two GP partners (female) who between them provide 20 clinical sessions

weekly. There are two Practice Nurses (female) who provide four sessions weekly. The practice also employs a GP long term locum (male) who provides two sessions monthly. A part-time practice manager is on site one day a week, assisted by an assistant practice manager and five administrative/reception staff.

The practice reception is open from the following times: -

- 8am – 7:15pm (Monday & Wednesday)
- 8am – 6:30pm (Tuesday, Thursday & Friday)

Clinical sessions at the following times: -

- 9am – 1:10pm; 4:30pm – 7:30pm (Monday & Wednesday)
- 8:30am – 2:30pm; 4:30pm – 6:30pm (Tuesday)
- 9am – 2:30pm; 4:30pm – 6:30pm (Thursday)
- 9am – 1:10pm; 4:30pm – 6:30pm (Friday)

Patients can book appointments in person, by telephone and online via the practice website.

Patients requiring a GP appointment outside of practice opening hours are advised to contact the NHS GP out of hours service on telephone number 111. The local CCG provided enhanced GP services which allowed patients at this practice to see a GP at evenings and weekends.

The practice also offers an online consultation service.

Information published by Public Health England rates the level of deprivation within the practice population group as seven on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The registered population is slightly higher than the national average for those aged between 24-44. Patients

registered at the practice come from a variety of geographical and ethnic backgrounds including Asian, Western European, Eastern European and Afro Caribbean. The BME groups account for 68% of the practice population.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met...</b></p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person had maintained securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular:</p> <ul style="list-style-type: none"><li>• The practice did not have protocols in place for referrals, test results and workflow to ensure a consistent approach.</li><li>• The new practice manager had reviewed all the workflow and found issues but at the time of the inspection these had not been fully resolved. Such as patient registration documents and unmatched patient documents.</li><li>• The system for significant events required embedding to ensure that all practice events were reviewed.</li><li>• Staff were unaware of the system to follow to review and report on children who frequently attended accident and emergency or regularly failed to attend appointments at the practice.</li><li>• At the time of the inspection the practice manager did not have an overview of staff training to assure themselves that staff were competent for their role.</li><li>• The practice required the new recall systems for immunisation and cervical screening to further embed to enable it to meet the national targets.</li></ul>