

The Evergreen 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 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 The Evergreen Surgery on 26 February 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. The provider was aware of and complied with the requirements of the duty of candour.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment and had expanded the range of services available to patients.
- Patients said they were treated well at the practice and we received positive feedback about the practice. The practice scored well on the national GP patient survey for quality of consultations.

- Information about services and how to complain was available at the practice and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to get through to the practice by telephone and their experience of making an appointment was good.
- Patients could consult a male or female GP and a translation service was available. 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, an open culture and staff said they were well supported. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice was a training and teaching practice. Feedback from trainees and students about the quality of clinical education at the practice was very positive.

The areas where the provider should make improvement are:

- The practice should consider having a defibrillator on the premises in case of medical emergency.

Summary of findings

- The practice should review its mechanisms for identifying patients with significant caring responsibilities and ensuring they have access to appropriate support.

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 the local and national averages.
- 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 highly, close to or better than the national average for most aspects of care.
- Patients said they were treated with compassion and respect and they were involved in decisions about their care.
- Information for patients about the services available was easy to understand and accessible.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of its local population to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP with urgent appointments available the same day.
- The practice 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 and used to improve the service.

Good



Are services well-led?

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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients.
- 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 practice 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.
- The provider was aware of and complied with the requirements of the duty of candour. The GP partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous improvement at all levels. The practice had a strong learning culture and positively supported GPs doing their specialist training at the practice.

Good



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.

Good



- The practice offered personalised care to meet the needs of older patients and carers. Patients told us that the practice was caring and treated older patients with respect.
- All patients over 75 had a named GP and had been informed about this. The practice had secured 'Everyone Counts' funding to provide 20 minute consultations for patients over 75 with more complex conditions.
- The practice was responsive to the needs of older people, and offered home visits, longer appointments and urgent appointments for those with enhanced needs.
- The practice offered the flu and shingles immunisations to older patients.
- The GPs made weekly visits to practice patients living in nursing or residential homes who were unable to attend the surgery.
- The practice held regular multi-disciplinary team meetings with the local palliative care nurse and district nursing team to ensure patients with complex needs or those coming to the end of life received coordinated care. Care plans we reviewed were up to date and comprehensive.

People with long term conditions

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

Good



- The practice had allocated lead roles for common long-term conditions to individual GPs. Patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- Patients on the long term conditions registers 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.
- Patients participating in the inspection told us they received very good advice on how to self manage longer-term conditions.

Summary of findings

Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were high for all standard childhood immunisations with the practice achieving 90% targets for all cohorts.
- The practice prioritised young children for appointments the same day.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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).

Good



- 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 did not offer extended hours opening but informed patients of the availability of extended hours opening at other practices for patients in Redbridge. Patient feedback on access to the service was positive.
- The practice offered online services
- The practice offered a full range of health promotion and screening that reflected the needs for this age group.
- In 2014/15, the practice coverage for the cervical screening programme was 73%, which was in line with the CCG average of 74% but lower than the national average of 82%. A female sample taker was available.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients with learning disabilities and children known to be at risk were flagged on the electronic records system.

Summary of findings

- The practice offered longer appointments for patients with a learning disability and invited patients and their carers if appropriate to attend for an annual review.
- Mental capacity assessments had been carried out in relation to specific decisions involving patients with learning disabilities and the outcome noted in the patient's medical records.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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.
- The practice staff supported patients who needed extra assistance with tasks such as arranging transport to hospital appointments or following up appointments and referrals.

People experiencing poor mental health (including people with dementia)

The practice requires improvement for the care of people experiencing poor mental health (including people with dementia).

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 93% (compared to the national average of 84%).
- The practice screened patients at risk of dementia and referred patients with symptoms to a specialist memory clinic.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a documented care plan in the preceding 12 months was 89% (compared to the national average of 88%).
- The practice monitored patients on higher risk medicines such as lithium and methotrexate for example carrying out regular blood tests.
- The practice informed patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health and staff were aware of how to access mental health crisis services.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. Questionnaires were sent to 254 patients and 119 were returned: a completion rate of 47% (that is, 1.4% of the patient list). The results showed the practice tended to perform better than other GP practices in the clinical commissioning group (CCG) area and in line with the national average.

- 98% had confidence and trust in the last GP they saw or spoke to compared to the CCG average of 93% and the national average of 95%.
- 85% of patients described the overall experience of this GP practice as good compared to the CCG average of 73% and the national average of 85%.
- 87% of respondents would recommend this surgery to someone new to the area compared to the CCG average of 65% and the national average of 78%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 43 comment cards. We also spoke with three patients and one member of the patient participation group during the inspection.

The patient feedback we received was very positive about the quality of care. Patients described the practice as

excellent and the clinical and reception staff as always helpful. Patients commented on how well they were involved in decisions about their care; the quality of advice and support on how to self-manage longer-term conditions or cope with more serious illnesses.

Patients who participated in the inspection were very positive about the ease of obtaining an appointment at the practice. The practice's national GP patient survey results also reflected this with the practice tending to score more highly than both the CCG and national averages on access:

- 71% of patients found it easy to get through to this practice by phone compared to the CCG average of 53% and the national average of 73%.
- 95% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 77% and the national average of 85%.
- 82% of respondents usually wait less than 15 minutes after their appointment time to be seen compared to the CCG average of 50% and the national average of 65%.

The Evergreen Surgery

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.

Background to The Evergreen Surgery

The Evergreen Surgery provides NHS primary medical services to around 8800 patients in Wanstead in North East London through a 'personal medical services' contract. The service is run from one surgery which is located in premises which have been adapted for use as a surgery.

The clinical team comprises two GP partners (male and female) and four sessional GPs (male and female), and two practice nurses. The practice also employs a practice manager and a team of receptionists and administrators. The practice is a training practice and at the time of the inspection had two specialist GP trainees in post. The practice participates in the GP 'returners' scheme and also provides teaching placements for undergraduate medical students.

The surgery telephone lines open at 8.30am every weekday. The practice building opens Monday to Thursday 9.00am to 6.30pm and from 8.30am to 6.30pm on Friday. Appointments are available throughout each weekday, the specific times varying depending on the individual GP. The practice offers online appointment booking and an electronic prescription service. The GPs will make home visits to see patients who are housebound or are too ill to visit the practice.

When the practice is closed, patients are advised how to make evening or weekend appointments at one of three other practices offering an extended primary care service in Redbridge. For more urgent problems, patients are advised to telephone '111' to be directed to the most appropriate out of hours service. The practice provides information about its opening times and how to access urgent and out of hours services in the practice leaflet, the website and on a recorded telephone message.

The practice list size is growing. The practice currently has a high proportion of adults aged 25-50 years and patients aged over 85 on its list compared to the English average. The area is ethnically diverse. Around 43% of the resident population of Wanstead described themselves as white and 42% as Asian at the last census. The population is relatively affluent with low unemployment rates and slightly higher life expectancy than the English average.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures; family planning; maternity and midwifery services; surgical procedures, and treatment of disease, disorder and 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.

This inspection assessed whether the registered provider is meeting the legal 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.

Detailed findings

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 26 February 2016. During our visit we:

- Spoke with a range of staff (GPs, the practice nurse, the practice manager and members of the reception team). We spoke with three patients who used the service and one member of the practice patient participation group.
- Observed how patients were greeted and treated at reception.
- Reviewed an anonymised sample of the personal treatment records and care plans of patients.
- Reviewed 43 comment cards where patients shared their views and experiences of the service.
- Reviewed a wide range of practice policy documents, protocols and performance monitoring and audits.
- Observed and inspected the environment, facilities and equipment.

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 or the GP partners of any incidents and there was a structured, recording form for doing so on the practice computer system.
- We saw evidence that when things went wrong with care and treatment, this was explained to patients and they were told about any actions to improve processes to prevent the same thing happening again. The practice kept a record of all correspondence.
- The practice analysed significant events and maintained a log on the computer system. We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared with the whole practice team and action was taken to improve safety in the practice. For example, the practice held regular meetings dedicated to reviewing significant events. And in a recent educational half-day the practice had discussed two significant events, one involving a medical emergency and the other a vaccination issue.

Overview of safety systems and processes

The practice had defined 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 was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always 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. The GPs and practice nurse were trained to child protection level 3.
- Notices in the waiting room and other areas of the practice advised patients that chaperones were

available if required. Staff who acted as chaperones had been 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 generally clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice and carried out day to day infection control checks and monitoring. There was an infection control policy in place and staff had received training. The practice carried out infection control audits.
- The practice had arrangements for managing medicines, including emergency medicines and vaccines that kept patients safe (including arrangements for obtaining, prescribing, recording, handling, storing and security of medicines). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. A repeat prescribing policy was available in each consulting room. Prescription pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions (PSDs) were used appropriately and correctly authorised to enable the practice nurses to provide vaccinations.
- The practice did not keep controlled drugs (medicines that require extra checks and special storage because of their potential misuse) on the premises.
- We reviewed the personnel files of four staff members who had been recruited within the last two years and found appropriate recruitment checks had been undertaken prior to 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 patients and staff safety. There was a

Are services safe?

health and safety policy available. The practice had an up to date fire risk assessment. The practice also carried out occasional fire drills and daily premises checks including fire safety.

- All electrical equipment was checked to ensure the equipment was safe to use. All 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 including cover arrangements when staff took planned leave. The practice rarely needed to use locum GPs. All non-clinical staff were trained to cover each other's duties in the event of annual leave or sickness.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had received annual basic life support training.
- There were appropriate emergency medicines. 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 fit for use.
- The practice had emergency oxygen available on the premises with adults and children's masks. However, there was no defibrillator on site. The practice had assessed the risk to be low as there was a defibrillator at a nearby supermarket. A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The practice had systems in place to divert all digital patient notes and phone calls in the event of a major incident and arrangements with a 'buddy' practice to share facilities or premises should the need arise.

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 used educational meetings to review relevant guidelines and pathways, for example, they had recently reviewed the 'traffic light' system for assessing children with a fever.
- The practice monitored that clinical guidelines were followed through significant event analysis, audits and case finding exercises.

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 87.7% of the total number of points available compared to the national average of 94.8%. The practice's exception reporting rates were consistently lower than the national and local averages across QOF domains. (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).

Data from 2014/15 showed:

- Practice performance for diabetes related indicators tended to be close to the clinical commissioning group (CCG) and national averages. For example, the percentage of diabetic patients whose blood sugar levels were adequately controlled (that is, their most recent HbA1c measurement was 64 mmol/mol or below) was 75% compared to the national average of 78%. Eighty-eight per cent of the practice's diabetic patients had received the influenza vaccination within the last year which was close to the national average of 94%.

- Performance for several mental health related indicators was better than the national average. For example 93% of practice patients with dementia had received a review within the last year compared to the national average of 84%. Eighty-nine per cent of patients diagnosed with psychoses had a comprehensive care plan documented in their records compared to the national average of 88%.

There was evidence of quality improvement.

- The practice carried out clinical audits. There was a clear rationale for the topics chosen for review, for example following a change to guidelines or where the practice was not performing as highly as other practices. For example, the practice had carried out a two-stage audit cycle of the use of ambulatory or home blood pressure monitoring in the diagnosis of hypertension. The audit had raised staff awareness of the latest guidelines and the second stage audit showed a sustained increase in the use of ABPM from 70% to 78% of newly diagnosed patients and a clear clinical rationale for those patients where ABPM was not indicated.
- The practice also participated in locality-wide prescribing and admissions audits, national benchmarking and peer review.
- Findings were used by the practice to improve services. For example, the practice had increased the percentage of diabetic patients with a record of foot examination and risk classification. The practice had scored 73% on this QOF indicator in 2014/15 which was below the national average. They had already achieved 90% so far in 2015/16.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment and supervision.

- 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. New staff were supported and had a period of shadowing more experienced colleagues.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, reviewing patients with long-term conditions.

Are services effective?

(for example, treatment is effective)

- 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, practice meetings and mentoring. 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. Staff had access to and made use of e-learning training modules and in-house training and other learning opportunities put on across the locality group.
- The practice was a training and teaching practice and had a strong focus on clinical education with regular learning sessions and seminars for trainees and students. Trainees were supported for example by being accompanied on home visits by one of the established doctors and having longer appointment times at the start of their training period. The practice provided access to online, video and written learning resources.

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.
- The practice shared important information with the out of hours service, for example about patients who were housebound or receiving palliative care.

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 care

and treatment. This included when patients moved between services, when they were referred, or after they were discharged from hospital. The practice team met regularly with weekly clinical meetings. The agenda included standing items such as patient deaths, significant cases or events, safeguarding, audit results and staff and patient feedback and complaints.

The practice had identified 2% of the practice population assessed to be at risk of unplanned admission or vulnerable to rapid deterioration. The practice developed care plans with patients and their carers. Care plans were discussed and updated at monthly locality multidisciplinary meetings.

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 relevant professional assessed the patient's capacity and, recorded the outcome of the assessment. The practice had recorded the advance decisions of patients, for example, with terminal or progressive illnesses.
- The process for seeking consent was monitored through patient records.

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; patients at risk of developing a long-term condition and those requiring advice on their lifestyle. Patients were signposted to the relevant service.
- The practice's coverage for the cervical screening programme was high at 76% which was close to the CCG average of 79%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and women who were referred as a result of abnormal results were followed up. The practice also encouraged its patients to attend

Are services effective?

(for example, treatment is effective)

national screening programmes for bowel and breast cancer screening. Practice uptake for bowel screening was significantly higher than the CCG average with 58% of eligible patients screened following their invitation compared to the local average of 46%.

- Practice childhood immunisation rates were high. For example, 93% of two year old practice patients had received the 'five-in-one' vaccination.

- 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. Any identified risk factors or abnormalities were followed up with a GP or nurse consultation.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were friendly and welcoming and this was also reflected in the patient feedback we received which was overwhelmingly positive about the service. Patients said the doctors, nurses and receptionists listened, were caring and polite. Patients said they were able to see the same doctor as a rule and this made a difference to their treatment. Patients gave us examples of how the practice had supported them when faced with more difficult diagnoses or circumstances.

Patients' privacy and confidentiality was protected. Curtains were provided in consulting rooms to protect privacy during examinations, investigations and treatments. Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard.

Results from the national GP patient survey confirmed that the majority of patients were happy with the service and the way they were treated. The practice tended to score better than the local and national averages for satisfaction on the quality of consultations:

- 94% of respondents said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and national average of 89%.
- 91% of respondents said the GP gave them enough time compared to the CCG average of 82% and national average of 87%.
- 98% of respondents said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 95%.
- 91% of respondents said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and national average of 85%.
- 91% of respondents said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 82% and national average of 91%.
- 86% of respondents said they found the receptionists at the practice helpful compared to the CCG average of 78% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they were involved in decision making about the care and treatment they received. Patients said they had been supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available.

Results from the national GP patient survey also showed patients responded positively to questions about their involvement in planning and making decisions about their care. Again the practice's survey results tended to be better than local and national averages. For example:

- 90% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.
- 82% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and national average of 82%.
- 83% said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 76% and national average of 85%.

Translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

The practice displayed information about services for carers, patients concerned about dementia and other mental health problems and how to access support. The clinical staff were also able to discuss leaflets and literature which they could give to patients to take away.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of patients who were also carers. Carers were advised about the Redbridge carers centre; advised about other resources and forms of support such as attendance allowance, and offered flu vaccination. Written information was available for carers to ensure they understood the various avenues of support available to them. However at the time of the inspection only 15 patients were listed on the carers register, that is, just 0.2% of the practice list.

Staff told us that patients who had suffered a bereavement were offered a consultation and referred to local bereavement counselling services if they wanted 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 Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with communication difficulties or who had complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The practice had a relatively high number of patients who were unable to travel to the practice and one of the GPs was assigned one full session a week to carry out home visits.
- Same day appointments were available for children and patients with urgent medical problems.
- Patients were able to receive a full range of travel vaccinations. The practice displayed information explaining which vaccinations were available on the NHS and the fees charged for other vaccinations.
- There were disabled facilities, a hearing loop and translation services available.
- All consultation rooms and the patient toilet were located on the ground floor and were accessible to patients with mobility difficulties.
- The practice used a range of communication tools. It texted patients a reminder in advance of their appointment. Uptake of online booking had been high with around 17 online appointments available each day.
- The practice did not offer extended hours appointments (that is early morning or evening) but it did provide patients with information about other extended hours primary care services available in Redbridge.

Access to the service

The surgery telephone lines opened at 8.30am every weekday and the practice building opened Monday to Thursday 9.00am to 6.30pm and from 8.30am to 6.30pm on Friday. Appointments with a doctor were available throughout each weekday from 9.00am, the specific times varying depending on the individual GP. Practice nurse appointments were also available daily.

Results from the national GP patient survey showed that patient satisfaction with access to the service was comparable or better than the local and national averages.

- 73% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 70% and the national average of 76%.
- 71% of patients said they could get through easily to the practice by phone compared to the CCG average of 53% and the national average of 73%.
- 95% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 77% and the national average of 85%.

People told us on the day of the inspection that they were able to get appointments when they needed them. Patients told us they could usually book an appointment within a few days or the same day if they had an urgent problem.

The practice had a system in place to assess:

- Whether a home visit was clinically necessary; and
- The urgency of the need for medical attention.

This was done by asking patients or carers to request home visits early in the day wherever possible to allow an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We looked at four complaints received over the last 12 months and found these were appropriately handled and dealt with in a timely way. The practice offered patients a

Are services responsive to people's needs? (for example, to feedback?)

written apology. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, the practice had liaised with a nursing home about the process of involving families in care planning following a complaint.

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 vision was to provide high quality care in a supportive learning environment. Staff were clear about the vision and their responsibilities in relation to it.

- The practice had a robust strategy and supporting business plans which were regularly monitored. The practice manager and the GP partners met daily to review and respond to any business matters as they arose.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff on the computer system.
- There was a comprehensive understanding of the performance of the practice. Benchmarking information and clinical audit was used routinely to understand performance in comparison to other practices within the same locality and the clinical commissioning group area.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care.

- The practice held a range of staff meetings including significant event meetings, clinical meetings and educational seminars and half days. Staff members told us that informal clinical discussion between meetings was also encouraged. Meeting minutes were kept for future reference and to check that outstanding actions had been completed.
- Staff said they felt respected, valued and supported by the partners in the practice and the practice manager.
- The trainees described the practice as a supportive learning environment. Several of the salaried doctors had originally trained at the practice and had chosen to apply for a permanent post when the opportunity arose.

- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues.
- The provider complied 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).
- The practice shared information and learning within and outside the team. The practice was an active member of its local network of GP practices. The practice regularly attended locality meetings and took advantage of available locality resources, for example, training and educational events.

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

The practice encouraged and valued feedback from patients, the public and staff. It sought patients' feedback and engaged patients in the delivery of the service.

- The practice had an active patient participation group with both older and younger members. Between 10-20 members usually attended meetings. The patient group had been involved in developing a practice patient survey and reviewing the resulting action plan. The minutes of the patient group meetings were placed in the waiting room for any patients who were interested.
- The practice also gathered patient feedback through, the 'friends and family' survey, complaints, ad hoc comments, complaints and suggestions and comments and reviews posted on publicly available websites.
- The practice had responded to patient feedback. For example, the practice had changed its phone system (despite this incurring cancellation fees with the contractor) following negative feedback from patients about the charges. It had also increased receptionist staffing at busy times of the day and dedicated a member of staff to answering the telephone at 8.30am. We spoke with one member of the patient group who described the practice as very responsive to suggestions.
- The practice gathered feedback from staff through appraisals and staff discussion and training feedback. Staff and trainees told us they would feel comfortable giving feedback and could raise any concerns with the practice manager or their GP trainer.

Continuous improvement

Are services well-led?

Good 

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

There was a focus on learning and improvement at all levels within the practice. For example, each GP was allocated a week of study leave each year with protected time to attend CCG learning events. The practice organised

two educational half days each year which all staff were able to attend. Outside speakers (for example specialist consultants) were invited where appropriate to give lectures or seminars at these events.