

The Redbridge 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 Redbridge Surgery on 23 November 2016. Overall the practice is rated as good.

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

- Not all staff had received all pre-employment checks and mandatory training.
- Results of the national GP patient survey showed that the practice was performing below local and national averages in a number of areas. The practice was aware of this and had taken action to improve.
- Some patients said they were not happy with the practice' opening hours or with telephone access. The practice had taken action to improve access.
- Less than 1% of patients had been identified as carers.
- The practice' uptake of its cervical screening programme was below both local and national averages.

- Most patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- 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 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.

Summary of findings

The areas where the provider should make improvement are:

- Consider ways to improve uptake of its cervical screening programme for the benefit of female patients.
- Continue to monitor and address the issues highlighted in the national GP patient survey in order to improve patient satisfaction, including: the practice' opening hours; overall satisfaction; and phone access.
- Review how patients with caring responsibilities are identified and recorded on the patient record system to ensure information, advice and support is made available to all.
- Ensure that all staff recruitment includes undertaking all relevant pre-employment checks.
- Continue to ensure that staff receive appropriate training and updates, including: basic life support, infection prevention and control, fire safety, information governance; and health and safety.
- Display its mission statement in the reception area so that staff and patients are aware of the practice' overarching purpose.

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?

Good



The practice is rated as good for providing safe services.

- One member of clinical staff had not undergone all pre-employment checks or received all mandatory training. The practice subsequently provided us with evidence of the mandatory training.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. However, the plan did not include emergency contact numbers for staff to use in the event of an emergency.
- 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 an apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Are services effective?

Good



The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Most 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.

Are services caring?

Good



The practice is rated as good for providing caring services.

- The practice had identified less than 1% of the practice population as carers.

Summary of findings

- Data from the national GP patient survey showed patients rated the practice comparable to others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- 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.

- Patient satisfaction with access to service was below local and national averages in a number of areas. The practice was aware of this issue and had taken action to improve.
- Patients said they found it difficult to make an appointment with a GP, but there was continuity of care, with urgent appointments available the same day.
- 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. The practice provided NHS health checks for patients aged 40–74.
- 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.

- There was a governance framework which supported the delivery of the strategy and good quality care.
- The practice had a vision to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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.

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.

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.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- When families suffered a bereavement the practice wrote and phoned to offer condolences and to signpost them to local support groups.

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.
- The percentage of patients with diabetes, with well-controlled blood sugar levels in the preceding 12 months was comparable to the CCG and national averages.
- 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.

- 74% of women aged 25-64 notes recorded that a cervical screening test had been performed in the preceding 5 years which was below the CCG (79%) and national (82%) averages.
- 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 relatively high for all standard childhood immunisations.

Good



Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

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 reflected the needs for this age group.
- The practice offered extended hours clinics on Wednesday evenings for the benefit of patients who were unable to attend during working hours.

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 homeless people, travellers and those with a learning disability.
- 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 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.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- 95% of patients with schizophrenia, bipolar affective disorder and other psychoses had had their alcohol consumption recorded in the preceding 12 months, which was better than the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing below local and national averages. Three hundred and fifty-three survey forms were distributed and 109 were returned. This represented 3% of the practice's patient list.

- 54% 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%.
- 54% 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 64% and the national average of 76%.
- 66% 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%.
- 62% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 67% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards which were all positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Six cards mentioned difficulty in getting appointments.

We spoke with 12 patients during the inspection. All 12 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring, though some mentioned difficulty in getting an appointment. The practice participated in the NHS friends and family test (FFT) (FFT is an anonymised method of asking patients if they would recommend the practice to a friend or family member). Seventy-nine percent of 14 patients responding to the FFT said they would recommend the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- Consider ways to improve uptake of its cervical screening programme for the benefit of female patients.
- Continue to monitor and address the issues highlighted in the national GP patient survey in order to improve patient satisfaction, including: the practice' opening hours; overall satisfaction; and phone access.
- Review how patients with caring responsibilities are identified and recorded on the patient record system to ensure information, advice and support is made available to all.
- Ensure that all staff recruitment includes undertaking all relevant pre-employment checks.
- Continue to ensure that staff receive appropriate training and updates, including: basic life support, infection prevention and control, fire safety, information governance; and health and safety.
- Display its mission statement in the reception area so that staff and patients are aware of the practice' overarching purpose.

The Redbridge 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, a practice nurse specialist adviser and an Expert by Experience.

Background to The Redbridge Surgery

The Redbridge Surgery provides primary medical services in Redbridge, Essex to approximately 3600 patients and is a member of NHS Redbridge Clinical Commissioning Group (CCG).

The practice population is in the third least deprived decile in England. Twelve percent of children live in income deprived households compared to a local average of 19% and a national average of 20%. The practice had surveyed the ethnicity of the practice population and had determined that 12% of patients described themselves as white, 80% Asian, less than 1% black and 7% as having mixed or other ethnicity.

The practice operates from a converted residential property with patient facilities on the ground floor. The ground floor is wheelchair accessible. There are offices for administrative and management staff on the ground and first floors. Both the ground and first floors are accessed via stairs.

The practice operates under a General Medical Services (GMS) contract and provides a number of local and national enhanced services (enhanced services require an increased level of service provision above that which is normally required under the core GP contract). The

enhanced services it provides are: meningitis immunisation; alcohol brief intervention; childhood vaccination and immunisation scheme; extended hours access; facilitating timely diagnosis and support for people with dementia; influenza and pneumococcal immunisations; learning disabilities; patient participation; rotavirus and shingles immunisation; and unplanned admissions.

The practice team at the surgery is made up of one full-time female GP principal along with two part-time locum GPs (one female and one male). The doctors provide, between them, 14 clinical sessions per week. The nursing team consists of one part-time female practice nurse.

There are six administrative, reception and clerical staff including a full-time practice manager.

The practice is open:

9.00am to 6.30pm Monday, Tuesday and Friday.

9.00am to 8.30pm Wednesday.

9.00am to 1.30pm Thursday.

GP appointments are available

9.30am to 12.00pm, and 4.00pm to 6.00pm Monday to Wednesday and Friday

9.30am to 12.00pm Thursday.

Nurse appointments are available

3.30pm to 6.30pm Monday

9.30am to 1.00pm or 6.00pm to 8.00pm Wednesday

2.00pm to 6.00pm Friday

Extended surgery hours are offered

6.30pm until 8.30pm on Wednesday evenings.

Detailed findings

The practice is part of a GP hub, enabling patients to get appointments up to 10.00pm on weekday evenings, with weekend appointments available between 8.00am to 10.00pm on both days. The practice does not open on a weekend. The practice has opted out of providing out of hours (OOH) services to their own patients when it is closed and directs patients to the OOH provider for NHS Redbridge CCG.

The Redbridge Surgery is currently registered as a partnership with the Care Quality Commission. However, one of the two partners (Dr Subberwal) left the practice on 1 October 2015. Accordingly the practice is applying to de-register as a partnership and then to register as a sole principal led by Dr Qazi. It provides the regulated activities of treatment of disease, disorder or injury; diagnostic and screening procedures; and family planning.

This practice has not previously been inspected by CQC.

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 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.

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 23 November 2016. During our visit we:

- Spoke with a range of staff (GP, nurse, practice manager, and reception/administrative 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 an anonymised sample of the personal care or treatment records of patients.
- 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 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, an 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 safety records, incident reports, patient safety alerts 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, a member of staff noticed that the medicines fridge door had been left open, and immediately closed it. On checking it was found that the temperature of the fridge had not gone outside of the acceptable range (2-8 degrees C). The practice reviewed the issue and changed its procedures to require anyone opening the fridge to close and lock it after use. Staff were updated on the new procedure in a meeting, and the member of staff who left the door open was instructed to ensure that they always followed the revised procedure.

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 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. GPs and the nurse were trained to child protection or child safeguarding level 3, non-clinical staff were trained to level 1.

- 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 practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. 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 (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.

Are services safe?

- We reviewed three personnel files but found that not all appropriate recruitment checks had been undertaken prior to employment. Information missing from a GPs personnel file included: proof of identification, qualifications, registration with the appropriate professional body and evidence the GP was on the performers list of doctors permitted to work as GPs in the NHS. On review we found that the GP was on the performers list, and the practice took action to obtain evidence required to be held on its personnel files.

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 reception office which identified local health and safety representatives. 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 infection control 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. 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 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, except one GP. 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 business continuity plan in place for major incidents such as power failure or building damage. However, the plan did not include emergency contact numbers for staff to use in the event of an emergency. Following the inspection, the practice put emergency contact numbers into the business continuity plan and provided us with a copy as evidence.

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.

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 96% of the total number of points available compared to a CCG average of 94% and a national average of 95%. The overall clinical exception rate was 6% compared to a CCG average of 8% and a national average of 10%.

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 similar to the national average. For example:
 - 80% of patients with diabetes, had a last blood pressure reading of 140/80 mmHg or less compared to a CCG average of 78% and a national average of 78%.
 - 72% of patients with diabetes had a last measured total cholesterol (measured within the preceding 12 months) of 5 mmol/l or less compared to a CCG average of 74% and a national average of 81%.
- Performance for mental health related indicators was better than the national average. For example, 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record, in the preceding 12 months compared to a CCG average of 89% and a national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits undertaken in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits.
- Findings were used by the practice to improve services. For example, a recent audit had been undertaken to identify patients with COPD (chronic obstructive pulmonary disease), with the intention that patients identified would be offered a review and optimisation of their treatment. During the first cycle of the audit the practice identified three patients who met the precise criteria being used. It reflected that it should seek to identify any further patients not found within the original audit. On re-audit, the practice found eight patients who met the criteria. All of these patients were all invited for review and optimisation of their treatment regimes.

Effective staffing

Most 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. However, there was no evidence that one recently employed GP had completed all of this training. The practice subsequently provided us with evidence of completion of training.
- 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.
- 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

Are services effective?

(for example, treatment is effective)

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, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff employed for over one year had received an appraisal within the last 12 months.

- Most staff had received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to e-learning training modules and in-house training.

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 routinely 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, recorded the outcome of the assessment.

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 and diabetes. Patients were signposted to the relevant service.
- A dietician and smoking cessation advice were available from a local support group.

The practice's uptake for the cervical screening programme was 74%, which was below the CCG average of 79% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

The practice told us that after the previous practice nurse left there had been locum practice nurses before it had been able to recruit a permanent replacement.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 97% (the CCG average ranged from 91% to 92% and the national average ranged from 73% to 93%) and five year olds from 77% to 98% (the CCG average ranged from 69% to 84% and the national average ranged from 81% to 95%).

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 very 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 or area to discuss their needs.

All of the 34 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Six cards mentioned difficulty in getting an appointment.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% 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%.
- 80% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.

- 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 91%.
- 60% of patients said they found the receptionists at the practice helpful compared to the CCG average of 78% and the national average of 87%.

The practice told us that after one of the partners left the practice there had been several different locum GPs employed before the current locums, who were now regularly at the practice, and this had unsettled patients at that time. Reception staff had been given customer service training and changes had been made to reception staff working arrangements to ensure that there were always at least two members of staff available at busy times. It had made a mobile phone available for patients to cancel appointments without having to go through the phone system, and also made a second phone line accessible to patients to improve phone access to the practice.

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. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 83% 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%.
- 74% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75% and the national average of 82%.

Are services caring?

- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared the CCG average of 76% and the national average of 85%.
- 36% of patients stated that they always or almost always saw or spoke to the GP they preferred compared to a CCG average of 29% and a national average of 35%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

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 28 patients as carers (less than 1% of the practice list. Written information was available to direct carers to the various avenues of support available to them. The practice had amended its patient registration form to ask new patients about any caring responsibilities they had.

Staff told us that if families had suffered bereavement, their usual GP contacted them by phone and sent them a sympathy card.

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 clinics on Wednesday evening until 8.30pm for the benefit of patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- During the flu season the practice held extra flu clinics to enable as many patients as possible to receive the vaccination.
- 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.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.
- Older patients were given 20 minute appointments to provide more time to discuss their issues, and could access telephone appointments if needed.
- Staff spoke a range of locally spoken languages including: Urdu, Hindi, Punjabi, Gujarati, Bengali and Sindhi.
- Patients could cancel appointments by leaving a message on a mobile phone dedicated to that purpose.

Access to the service

The practice was open:

9.00am to 6.30pm Monday, Tuesday and Friday.

9.00am to 8.30pm Wednesday.

9.00am to 1.30pm Thursday.

GP appointments were available

9.30am to 12.00pm, and 4.00pm to 6.00pm Monday to Wednesday and Friday

9.30am to 12.00pm Thursday.

Nurse appointments were available

3.30pm to 6.30pm Monday

9.30am to 1.00pm or 6.00pm to 8.00pm Wednesday

2.00pm to 6.00pm Friday

Extended surgery hours were offered

6.30pm until 8.30pm on Wednesday evenings.

The practice did not open on a weekend. It was part of a GP hub, enabling patients to get appointments up to 10.00pm on weekday evenings, with weekend appointments available between 8.00am to 10.00pm on Saturday and Sunday. It had opted out of providing out of hours (OOH) services to its own patients when it was closed and directed patients to the OOH provider for NHS Redbridge CCG.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed patients level of satisfaction about how they could access care and treatment was below the national averages.

- 62% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and the national average of 78%.
- 54% 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%.
- 54% 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 64% and the national average of 76%.
- 66% 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%.
- 62% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 67% and the national average of 79%.

Are services responsive to people's needs?

(for example, to feedback?)

The practice told us that a long-term GP had retired, this had resulted in increased use of locum GPs, but a new salaried GP was due to start on 29 November 2016. Initially the new GP would be providing an additional two sessions and intended to start an early morning walk-in clinic. The practice had become a member of a local GP hub so that patients could get appointments up to 10.00pm seven days a week. It had made a second phone line available to make phone access easier, and also made changes to its staffing levels at busy times to ensure that two receptionists were available to answer the phones. The practice had started using a mobile phone to enable patients to cancel unwanted appointments more easily. In addition the practice was offering additional GP sessions every Monday Tuesday and Friday mornings to ease the pressure on appointments.

People told us on the day of the inspection that they were able to get appointments when they needed them.

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 achieved by telephoning the patient or carer in advance to gather information to allow for 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, there was a poster in the reception area.

We looked at ten complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way, with openness and transparency in dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, a patient complained about the difficulty in getting an appointment. The practice apologised to the patient and discussed issue in a meeting. It changed its procedures and increased the number of GP clinical sessions on Monday Tuesday and Friday mornings. It also provided reception staff with customer care training and instructed them in how to deal with patients in a more friendly manner.

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 high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed on the practice website, but staff did not know the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a staffing structure and that staff were aware of their own roles and responsibilities. However the practice was still registered with CQC as a partnership despite one of the two partners having left the practice. The practice was in the process of rectifying this registration issue.
- Practice specific policies were implemented and were available to all staff.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

They told us they prioritised safe, high quality and compassionate care. Staff told us the lead GP was 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 and 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 an apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a 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 lead GP. 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, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had suggested that the practice use a mobile phone to enable patients to cancel appointments without needing to go through the practice phone system. The practice agreed and made a mobile phone number available so that patients could cancel appointments.
- 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. For example, staff had suggested that the

Are services well-led?

Good 

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

practice take on a male GP to meet patient demand. The practice considered this and employed a male locum GP. Staff told us they felt involved and engaged to improve how the practice was run.