

Upminster Medical Centre

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 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 Upminster Medical Centre on 8 March 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the Month Year inspection can be found by selecting the 'all reports' link for Upminster Medical Centre on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 7 March 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 8 March 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

At the last inspection we found arrangements around cleanliness and infection control were not adequate. There were also concerns around staff training and recruitment and risk monitoring. Arrangements in respect of clinical audits and staff appraisal needed improving. We also found policies were not all adapted to the practice and low results for childhood immunisations.

There were deficiencies in the practice's vision and values and there was no supporting business plan reflecting and underpinning the vision and values of the practice. Governance arrangements did not operate effectively.

Overall the practice is now rated as good overall.

Our key findings were as follows:

- The practice had clearly defined and embedded systems and processes to minimise risks to patient safety. This included recruitment, checking of electrical equipment, fire risk assessments and fire safety arrangements.
- Staff were aware of current evidence based guidance. However, improvements were required in the management of patients with long term conditions.
- The practice had an induction programme for newly appointed staff and staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Policies and procedures used to govern activity were adapted to the practice.

In addition, at the previous inspection we identified areas where improvements "should" be made. At this

Summary of findings

inspection we found that all of the improvements had been made. Some of these improvements are described under the key questions we re-inspected. In addition to those we found:

- A new hearing loop system had been installed to support patients with hearing impairment. Staff had received training on how to use it.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. These were cleaned at regular intervals.
- A carer's register had been implemented and was reviewed regularly.

However, there were also areas of practice where the provider should make improvements.

The provider should:

- Continue to review processes and procedures for monitoring and managing patients with long term conditions and levels of exception reporting and take all necessary steps to improve outcomes for patients.
- Consider providing a practice website.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety. This included fire and electrical safety measures. Staff had received relevant training.
- The practice had adequate arrangements to respond to emergencies and major incidents.
- We reviewed a sample of personnel files and found appropriate recruitment checks had been undertaken prior to employment.
- There was an IPC protocol and staff had received up to date training.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were largely in line with the national average. However there were some conditions where patient outcomes were below average and some levels of exception reporting was above average. (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). The practice had put measures in place to address this.
- Staff were aware of current evidence based guidance.
- Clinical audits were carried out to demonstrate quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Are services well-led?

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

Good



- The practice had a clear vision and strategy 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 policies and procedures to govern activity and held regular governance meetings.

Summary of findings

- An overarching governance framework supported the delivery of the strategy and good quality care.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority.

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 was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had a system for contacting every patient who had recently been discharged from hospital and identified those in need of extra support.
- Care plans were produced for patients who needed them.

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.
- Quality and Outcomes Framework data from 2015/2016 showed the practice was performing in line with CCG and national averages for most indicators. However its performance in relation to a few indicators was below average. Rates of exception reporting were high in relation to some indicators.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- 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.

Good



Summary of findings

- The practice's uptake for the cervical screening programme was 84%, which was above the national average of 82%.
- 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).

- The practice offered extended opening hours for appointments on Mondays and alternative Fridays and patients could book appointments and request repeat prescriptions online.
- The practice offered NHS health checks for patients aged 40–74 with appropriate follow-ups for any abnormalities or risk factors identified.
- The practice offered certain travel vaccinations as required and directed patients to other services for any vaccinations not performed.

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 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



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).

Good



Summary of findings

- 94% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last twelve months, which is better than the CCG average of 86% and the national average of 84%. The exception reporting rate for this indicator was 3% (CCG average 6%, national average 8%).
- 95% of patients with schizophrenia, bipolar affective disorder and other psychoses had had their alcohol consumption recorded in the preceding twelve months (CCG average 92%, national average 90%). The exception reporting rate for this indicator was 10% (CCG average 8%, national average 10%).
- 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.

Upminster Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was carried out by a CQC inspector.

Background to Upminster Medical Centre

Upminster Medical Centre provides GP primary care services to approximately 4,300 people living in Upminster, the London Borough of Havering. The practice has a general medical service (GMS) contract with NHS England. Under the GMS contract the practice is required to provide essential services to patients who are ill and includes chronic disease management and end of life care.

There are currently one full-time and two part-time GP partners, two female and one male and one part-time salaried GP who provide a combined total of 18 sessions per week. There are two part-time practice nurses who provide a combined total of seven sessions, a practice manager, a business manager, three administrative staff and eight receptionists. The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures and treatment of disease, disorder and injury.

The practice opening hours are 8:00am to 6:30pm from Monday to Friday except on Wednesday when practice closes at 1:00pm. The practice offers extended hours on Mondays and alternate Fridays from 6:30pm to 8:00pm. The practice is closed on Saturdays and Sundays. GP and nurse appointments are available between 9:00am and 1:00pm daily, 4:30pm and 6:30pm on Tuesdays, Thursdays and alternate Fridays and between 4:30pm and 8:00pm on Mondays and alternate Fridays.

The out of hours services (OOH) are provided by Partnership of East London Cooperatives (PELC). The details of the OOH service are communicated in a recorded message accessed by calling the practice when it is closed and details are also displayed outside the surgery. The practice provides a range of services including clinics for diabetes, chronic obstructive pulmonary disease (COPD) and child health care. The practice also provides health promotion services including a flu vaccination programme and cervical screening.

Information published by Public Health England rates the level of deprivation within the practice population group as ten on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. This information also shows that Income Deprivation Affecting Older People (IDAOPI) is lower (8%) than the CCG average of 14% and the national average of 16%, whilst Income Deprivation Affecting Children (IDACI) is also 8% which is lower than the CCG average of 20% and national average of 20%.

The practice caters for a higher proportion of patients experiencing a long-standing health condition (59%) compared to the local average of 51% (national average 54%). Life expectancy for male and females is higher than local and national averages.

The practice provides level access to the building and is adapted to assist people with mobility problems. All treatment and consulting rooms are fully accessible.

Why we carried out this inspection

We undertook a comprehensive inspection of Upminster Medical Centre on 8 March 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory

Detailed findings

functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on Month Year can be found by selecting the 'all reports' link for Upminster Medical Centre on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Upminster Medical Centre on 7 March 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

During our visit we:

- Spoke with a range of staff including GPs, nursing, administrative and management staff.
- Reviewed a sample of the personal care or treatment records of patients.
- Visited all practice locations
- Looked at information the practice used to deliver care and treatment plans.

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

Are services safe?

Our findings

At our previous inspection on 6 March 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of cleanliness and infection control were not adequate. There were also concerns around staff training and recruitment, management of blank prescription forms and the monitoring of risks around electrical and fire safety.

These arrangements had significantly improved when we undertook a follow up inspection on 7 March 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice employed a cleaner who attended the practice daily. We saw a checklist used by the practice which detailed the various tasks to be carried out in each room/area by the cleaner and the frequency. We noted some gaps in the checklist, for example the reception desk was to be disinfected daily but for one week in February 2017 this had only been ticked twice. The practice manager undertook to address this with the cleaner.
- A GP was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken. The most recent audit took place in December 2016 and we saw evidence that action was taken to address any improvements required as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- Blank prescription forms and pads were securely stored and there were systems to monitor their use. The

practice used a log to monitor the movement of prescription forms within the practice from delivery to allocation to specific clinicians. The log included dates the forms were allocated to clinicians and the range of serial numbers allocated. Overnight prescription forms were removed from all printers and stored in a locked cupboard.

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. We did find that interview notes were still not being retained. The practice manager undertook to ensure these were retained in future.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- Since the previous inspection the practice had carried out a fire risk assessment. This revealed that the fire alarm was defective. A new alarm system was subsequently installed and this was checked weekly.
- The practice carried out regular fire drills and these were recorded. There were four designated fire marshals within the practice. All staff had undertaken fire safety training. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises. Fire exits were clearly labelled.
- New fire extinguishers had been obtained in March 2016 and were due to be serviced in March 2017. Fire extinguishers and emergency lighting were checked monthly.
- Electrical safety checks had been carried out in November 2016. We saw that ongoing work was underway to repair an issue with the circuit in three rooms. This was due to be completed in mid-March 2017.

Arrangements to deal with emergencies and major incidents

The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Records showed this was checked monthly to ensure it was in good working condition.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 8 March 2017, we rated the practice as requires improvement for providing effective services as the arrangements in respect of clinical audits and staff appraisal needed improving. We also found policies were not all adapted to the practice, low results for childhood immunisations and gaps in staff training.

Some of these arrangements had significantly improved when we undertook a follow up inspection on 7 March 2017. However other areas still required improvement. Therefore the practice is still rated as requires improvement for providing effective services.

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 93% of the total number of points available compared with the clinical commissioning group (CCG) average of 93% and national average of 95% (results from April 2015 to March 2016). The practice's overall exception reporting rate was 9% which was comparable to the CCG and national average of 10%. (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).

We found that the rate of exception reporting for some individual indicators was above average. For example, for coronary heart disease (CHD) (practice 15%, CCG and national 8%), peripheral arterial disease (PAD) (practice 21%, CCG 7%, national 6%) and chronic obstructive pulmonary disease (COPD) (practice 20%, CCG 14%, national 13%). We raised this with the practice and they carried out further investigations. The results highlighted that the overall exception reporting rate for each of those diseases was impacted by high exception reporting under a few of the indicators for those diseases. Measures had been

put in place to address these and improve monitoring of exception reporting. For example, they had created patient searches that would enable them to monitor exception reporting more efficiently.

The practice's achievement for dementia, diabetes and palliative care was below average. For example, dementia 82% (CCG 97%, national 96%), palliative care 50% (CCG 90%, national 98%) and diabetes 71% (CCG 81%, national 91%). The practice put various measures in place to address these issues. For example, palliative care MDT meetings had been reintroduced, further dementia training had been undertaken and there was increased focus on the completion of dementia care plans. In relation to diabetes, the lead GP had undergone training for an education programme and the practice was participating in a CCG led scheme to improve patient care.

There was evidence of quality improvement including clinical audit:

- There had been four clinical audits commenced in the last two years. One these was a full cycle audit where improvements that had been made that were implemented and monitored.
- Audits the practice had carried out included reviewing the practice's management/care standards in relation to chronic obstructive pulmonary disease (COPD), cancer, broad spectrum antibiotics and diabetes.
- For example, the practice had looked at all cancer diagnosis in the period December 2014 to December 2015. This was repeated in December 2015 to December 2016. The purpose of the audit was to ascertain any gaps in services, learning from late diagnosis and to ascertain whether each cancer had been reviewed at clinical meetings. They had also reviewed whether leaning was shared and any significant events identified. An example of improvement made related to the promptness of referral and thus, early diagnosis. In the period 2014/15 there were 17 cancer diagnoses. Three of those cases were diagnosed at the localised stage (before they had spread). In 2015/16 27 cases were diagnosed. Of those, 14 were diagnosed at the localised stage. This demonstrated an improvement in patients being diagnosed at an early stage, when the cancer had not spread beyond that specific area. This represented a better prognosis for patients.

Effective staffing

Are services effective?

(for example, treatment is effective)

- 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, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. Records showed all staff had received all mandatory training including infection control, information governance and fire safety.
- The practice had an induction programme for newly appointed staff and staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- All staff had received an appraisal within the last 12 months. Appraisals were done in March every year and were underway at the time of our inspection. We were given examples of where appraisals were used to identify staff learning and development needs.

Supporting patients to live healthier lives

Prior to this inspection we were aware that childhood immunisation rates for the vaccinations given were lower when compared to the national averages. There are four areas where childhood immunisations are measured; each has a target of 90%. The practice was below standard in four out of four areas (time period 1 April 2015 to 31 March 2016). These measures can be aggregated and scored out of 10, with the practice scoring 7.5 (compared to the national average of 9.1).

The practice was aware of this issue and was able to demonstrate that the low results were due to errors made in the submission of their results, rather than failings in their care of these patients. We saw evidence of this on the computer system which showed that figures had not been submitted for one quarter in 2015. This error had been identified and the relevant member of staff was supported with further training. The practice policy had also changed and now included a process for checking each child's immunisation record to ensure the system was up to date and correct. We saw evidence that the practice's results had improved and this was confirmed by correspondence from the Clinical Commissioning Group (CCG).

Are services well-led?

Good 

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

Our findings

At our previous inspection on 8 March 2016, we rated the practice as requires improvement for providing well-led services as the vision and values of the practice were unclear. There was no evidence of a written vision or mission statement and there was no business plan reflecting and underpinning the vision and values of the practice. Governance arrangements did not operate effectively as demonstrated by the deficiencies in quality monitoring and improvement including audits, practice policies, risk management and staff training.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 7 March 2017. The practice is now rated as good for being well-led.

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in reception and in the offices. Staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The lead GP was responsible for monitoring performance and

management of patients with long term conditions. Nurses had lead roles in key areas such as cervical screening and childhood immunisations. Administrative and reception staff also had roles in calling and recalling patients for reviews and screening.

- Practice specific policies were implemented and were available to all staff. The practice used a standard GP policy toolkit and each policy used was adapted to the practice. These policies were updated and reviewed regularly.
- An understanding of the performance of the practice was maintained. However monitoring and improvement in relation to some aspects of the Quality and Outcomes Framework (QOF) could be improved.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. For example, the practice regularly audited the number of appointments wasted due to patients failing to attend/cancel appointments they no longer required. An action plan was in place to address this and we saw improvements had been made.
- Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice and to give feedback. Meetings were usually held outside of normal practice opening times so they were accessible to all staff.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, fire alarms were tested weekly and fire drills were held quarterly. Electrical safety checks were carried out and appropriate infection control policies and processes were in place.
- We saw evidence from minutes that meetings were structured to allow for lessons to be learned and shared following significant events and complaints.