

High Street Surgery

Quality Report

High Street Surgery
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Date of inspection visit: 4 April 2016
Date of publication: 01/07/2016

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



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 High Street Surgery on 4 April 2016. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were not fully assessed and well managed, including those relating to recruitment and background checks. Not all staff acting as chaperones had received a Disclosure and Barring Service (DBS) check. Risk assessments had not been carried out. No fire drills had been carried out since the practice opened and staff had not received suitable training. The practice had not carried out a risk assessment to consider how it would respond in the case of a medical emergency. An infection control audit had not been carried out.
- Staff said they felt supported in their roles. However, there was no formal system of appraisals, meetings and reviews of practice development needs to ensure staff learning needs were identified. Not all staff had received inductions or regular performance reviews. Staff meetings were irregular and not minuted in detail. Minutes were not shared with all staff.
- 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 was available but not everybody would be able to understand or access it. An interpreting service was available for patients who required it. However this was not brought to patients' attention. Not all staff were aware of this service.
- The practice had a vision and a strategy but not all staff could articulate it or were clear about their responsibilities in relation to it.

Summary of findings

- The practice had a number of policies and procedures to govern activity, but they were not followed in practice. For example in relation to staff recruitment and training.
- There was a documented leadership structure and most staff felt supported by management but at times they weren't sure who to approach with issues.

The areas where the provider must make improvements are:

- Ensure risks related to the recruitment of staff are effectively mitigated against by following the practice policy and ensuring necessary employment and background checks are carried out, in particular where staff are acting as chaperones.
- Ensure safe recruitment processes by taking and keeping interview notes and ensuring formal inductions take place.
- Carry out a risk assessment to consider how it would respond in the case of a medical emergency in the absence of a defibrillator and a reliable source of oxygen.
- Ensure infection control audits are carried out annually.

In addition the provider should:

- Ensure where the decision has been made not to apply for DBS checks for staff, a risk assessment is carried out giving a clear rationale as to reasons why.
- Ensure patients are made aware of the availability of translation services.
- Ensure staff read all policies as apply to their job role.
- Review and update procedures and guidance in particular those that relate to appraisals, meetings and reviews of practice development needs to ensure staff learning needs are identified.

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 requires improvement for providing safe services.

Requires improvement



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients who used services were not always properly assessed and the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, in relation to recruitment, infection control and dealing with emergencies.
- All staff who acted as chaperones were trained for the role, however a Disclosure and Barring Service (DBS) check had not been carried out for one member of staff who acted as a chaperone. A risk assessment relating to this had not been carried out.
- There was a recruitment policy in place however the processes followed by the practice did not accord with what the policy said. For example, there were no interview notes on file and no formal inductions had taken place as stated therein.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Appraisals had not yet been carried out and personal development plans had not been prepared for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Summary of findings

- 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. However, the availability of an interpreting service was not brought to the attention of patients and staff.
- 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.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice carried out a slot utilisation review. As a result of this review, the allocation of appointments was varied to meet times of greater demand and reduce wastage.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- 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.

Are services well-led?

The practice is rated as requires improvement for being well-led.

Requires improvement



- The practice had a vision and a strategy but not all staff could articulate it or were clear about their responsibilities in relation to it. There was a documented leadership structure and staff felt supported by management. However as the practice manager was relatively new some staff weren't sure who to approach with issues.
- The practice had a number of policies and procedures to govern activity, but some of these were not followed in practice. For example in relation to recruitment and training of staff.
- Not all staff had received inductions or regular performance reviews. Staff meetings were irregular and not minuted in detail. Minutes were not shared with all staff.

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

Requires improvement



The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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, telephone consultations and urgent appointments for those with enhanced needs.
- The practice maintained a palliative care register. Carer's details and decisions about end of life care were recorded and these notes were updated appropriately.
- The practice achieved 100% QoF points for conditions commonly found in older people such as osteoporosis (CCG average 68% and national average 81%).

People with long term conditions

Requires improvement



The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice achieved full QOF points in Diabetes related indicators.
- Longer appointments and home visits were available when needed.
- All patients on the long term conditions register had a structured annual review to check their health and medicines needs were being met. Reviews were carried out more often where it was identified the patient required

Summary of findings

more support. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

- Records showed care plans were prepared for and signed by patients. There was evidence they had been recently reviewed and updated.

Patients with long term conditions were directed to appropriate organisations to help them understand more about their condition and how to manage it. For example diabetes education courses.

Families, children and young people

The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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. The GP followed up any such patients to assess the causes and prevention measures. Immunisation rates were relatively high for all standard childhood immunisations.
- 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.
- The practice uptake for the cervical screening programme was 83%, comparable with the national average of 82%.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance
- 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, health visitors and school nurses.

Requires improvement



Summary of findings

Working age people (including those recently retired and students)

Requires improvement



The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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 operated extended opening hours on Mondays and Wednesdays (until 7pm) so that working people and students could access the service.
- The practice was proactive in offering online services such as appointment booking and prescription ordering as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Requires improvement



The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. There was also an alert system on patient's records where they had been identified as vulnerable. All vulnerable patients were triaged by the GP and offered an appointment as required.
- The practice offered longer appointments for patients with a learning disability. Records showed patients with a learning disability had undergone an annual review
- The practice worked with other health care professionals in the case management of vulnerable patients on a case by case basis.
- 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

Summary of findings

responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement



The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

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94% of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in the record, in the preceding 12 months. This was comparable to the national average of 88%.
- Where possible, the practice 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. This included recording discussions with the patient about consent and end of life care.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. An example was advising patients about self referrals to the NHS Improving Access to Psychological Therapies (IAPT) service.
- 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. The GP had attended training provided by the local CCG on various aspects of supporting patients experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 281 survey forms were distributed and 97 were returned. This represented 35% of the practice's patient list.

- 87% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 85% of patients described the overall experience of this GP practice as good compared to the national average of 85%).
- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to 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 41 comment cards which were all positive about the standard of care received. Patients commented on the caring attitude of the GP and that they felt involved and listened to. Several patients stated they had moved with the GP from their previous practice to this one, even though it meant travelling much further, because of the service they received.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Results of the friends and families test showed 100% of respondent would recommend this practice.

Areas for improvement

Action the service **MUST** take to improve

- Ensure risks related to the recruitment of staff are effectively mitigated against by following the practice policy and ensuring necessary employment and background checks are carried out, in particular where staff are acting as chaperones.
- Ensure safe recruitment processes by taking and keeping interview notes and ensuring formal inductions take place.
- Carry out a risk assessment to consider how it would respond in the case of a medical emergency in the absence of a defibrillator and a reliable source of oxygen.

- Ensure infection control audits are carried out annually.

Action the service **SHOULD** take to improve

- Ensure where the decision has been made not to apply for DBS checks for staff, a risk assessment is carried out giving a clear rationale as to reasons why.
- Ensure patients are made aware of the availability of translation services.
- Ensure staff read all policies as apply to their job role.
- Review and update procedures and guidance in particular those that relate to appraisals, meetings and reviews of practice development needs to ensure staff learning needs are identified.

High Street 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 and a practice manager specialist adviser.

Background to High Street Surgery

High Street Surgery is located in Hornchurch in the London Borough of Havering. It is located in a town centre location which is well served by public transport. The practice is situated in a converted semi-detached property, surrounded by residential houses. Parking is available on surrounding streets with a disabled parking bay on the forecourt of the building. All patient areas are accessible to wheelchair users.

The practice serves a predominantly White, British population (82%). A further 7% of the local population identifies itself as Asian / Asian British and 3% as Black / African / Caribbean / Black British. The practice is located in the third less deprived decile of areas in England. At 78 years, male life expectancy is less than the England average of 79 years. At 84 years, female life expectancy is greater than the England average of 83 years.

The practice has been operating from its current location since May 2015. It has approximately 3298 registered patients. The practice is managed by a single GP (male). There is also a practice nurse (female), a practice manager and four reception/administrative staff. When the use of a locum was necessary, the same one is used for continuity.

The nurse leads on long term condition management. The GP is responsible for the day to day operations of the practice with the support of a practice manager who has recently joined the practice.

The practice's opens at 8.30am Monday to Friday, closing at 12.30pm. It re-opens for the afternoon session at 4pm closing at 7pm on Mondays, Wednesdays and Thursdays and 6.30pm on Tuesdays and Fridays. This represents 10 GP sessions per week. Telephone lines are open Monday to Friday from 8am to 6.30pm. The practice does not open on weekends. Outside of these hours out of hours care is provided by a hub of local GPs. The service operated from 6.30pm to 10pm on weekdays, 9am to 5pm on Saturdays and 9am to 1pm on Sundays. Outside of those hours emergency cover was provided by the NHS 111 service.

The practice is registered with the Care Quality Commission to carry on the following regulated activities: Diagnostic and screening procedures, Family planning, Maternity and midwifery services, Surgical procedures and Treatment of disease, disorder or injury.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal 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 4 March 2016.

During our visit we:

- Spoke with a range of staff including the practice manager, GP, the practice nurse and non clinical staff. We spoke with four 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 a 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 at reception. We saw records of the two incidents that had occurred since the practice opened. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. An example related to a delayed cancer diagnosis. Records showed the event was discussed between the parties involved in the event. It was assessed to ascertain what had gone well and where improvements could be made. An external review was also carried out by the Clinical Commissioning Group (CCG) cancer lead. Learning points were identified and shared at a practice meeting and processes were put in place to prevent a repetition of the event.

We reviewed safety records, incident reports and patient safety alerts. An example of a recent alert related to the use of Sodium Valproate (a medicine used to treat Epilepsy). The practice had identified the affected patients and was in the process of recalling them.

Overview of safety systems and processes

The practice had some 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, however two members of staff we spoke with had not read them. There was a lead member of staff for safeguarding. The GP 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. Clinical staff were trained to child protection or child safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. The GP always used a chaperone for intimate examinations and when one was requested by the patient. The presence of a chaperone was documented in the patient's notes. All staff who acted as chaperones were trained for the role, however not all 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). Risks assessments had not been carried out for these staff members. Records showed DBS applications had been submitted for all but one of the staff who acted as a chaperone. These were submitted up to six days prior to our inspection. Therefore staff were acting as chaperones before the appropriate checks had been carried out. Following our inspection we received evidence that a DBS application had been submitted for the remaining member of staff.
- 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. There was an infection control protocol in place and staff had received up to date training. An infection control audit had not been undertaken. We raised this with the practice who undertook to remedy this immediately. Cleaning was carried out by a contractor and a schedule of cleaning was in place to ensure all tasks were carried out. All waste was stored and disposed of appropriately. Clinical waste was collected weekly by a contractor.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing,

Are services safe?

recording, handling, storing, security and disposal). The two fridges at the practice were checked daily to ensure their temperatures were within the required range for the medicines stored.

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. For example patients on high dosage controlled drugs were offered weekly reviews to monitor their usage and overall health condition. 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 (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are documents that permit the supply of prescription-only medicines to groups of patients, without individual prescriptions).
- The practice did not hold stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).
- We reviewed all personnel files and found appropriate recruitment checks had not always been undertaken prior to employment. For example, proof of identification, references, qualifications and the appropriate checks through the Disclosure and Barring Service. Registration with the appropriate professional body was checked. There was a recruitment policy in place however the processes followed by the practice did not accord with what the policy said. For example, there were no interview notes on file and no formal inductions had taken place as stated therein.

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. Weekly fire checks were carried out. No fire drills had been carried out since the practice opened. Staff said they were aware of what action to

take in the event of a fire but there was no evidence they had received training for this. The practice had a fire risk assessment, however this required review as no fire drills had been carried out.

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We were told a legionella risk assessment had been carried out prior to our inspection, however no evidence of this was provided (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. The practice nurse's hours were from 8.30am to 2pm on Mondays and Wednesdays. We were told these days tended to be busier than others due to many patients who wanted to see the nurse. However, no patients we spoke with reported difficulty getting an appointment to see the nurse. When the nurse was on leave, the GP carried out most of her functions apart from smear tests and spirometry. When the GP was on leave a regular locum was used.

Arrangements to deal with emergencies and major incidents

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

- There was no instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. However due to the small size of the practice alerts could easily be raised verbally or by telephone.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice did not have a defibrillator available on the premises. There was an oxygen cylinder in the nurse's room. However it appeared to be old and dusty. There was no accompanying paperwork to confirm if or when it had last been checked and was in good working condition. There was a mask attached to it however it was not labelled to identify whether it was an adult or child's mask. In the absence of a defibrillator the

Are services safe?

practice had not carried out a risk assessment to consider how it would respond in the case of an emergency. Practices must be able to demonstrate they are equipped for dealing with emergencies. 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 GP did not carry any emergency drugs in their bag.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan was accessible to all staff. It included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Clinical staff attended Clinical Commissioning group (CCG) meetings and events. Recent discussions at these meetings and events included the need to reduce A&E attendance and inappropriate referrals. Staff also had access to resources such as the consultant advice service which could be contacted by telephone.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. We saw details of the practice's prescribing data which was monitored to ensure it was in line with CCG guidelines.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available, with 7% exception reporting. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators were between 78% and 100% and similar to the CCG range of 65% to 96% and national ranges of 69% and 94%.
- Performance for mental health related indicators were between 94% and 100%, was higher than the CCG range of 77% and 93% and comparable to the national average of between 98% and 97%.

There was evidence of quality improvement including clinical audit.

- The practice had newly opened however we saw evidence of two clinical audits that had taken place. Both of these were ongoing audits (yet to be repeated) with re-audits due to take place.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. An example of this was a polypharmacy review conducted by the local Clinical Commissioning Group (CCG). The review was of patients who were prescribed eight or more medicines and who met other set criteria. 10 qualifying patients were identified from the patient list.
- Findings were used by the practice to improve services. For example, recent action taken as a result of the polypharmacy review was that two of the 10 patients were prescribed additional medication that reduced the production of acid in the stomach.
- A further example of quality improvement related to a review of the prevalence of patients failing to attend appointments. In the preceding month 62 appointments had been wasted due to patients failing to attend. The practice sought to improve this by emphasising the policy to staff, educating patients, contacting patients who had failed to attend appointments without cancelling and reminding patients of the correct procedure. We saw a sign in reception informing patients about the number of appointments wasted. At the time of our inspection the action plan was still in process and a review was due to be carried out in due course.

Information about patients' outcomes was used to make improvements. The practice used its QOF results every year to review and assess the quality of care provided. For example following a review of patients with chronic obstructive pulmonary disease (COPD), rescue packs were provided where appropriate and referrals made to the respiratory nurse and/or the integrated care management (ICM) team. A follow up of this review was scheduled in order to assess its impact on outcomes for the patients.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice did not have a formal induction programme for all newly appointed staff. New staff were supported by an experienced member of staff and gradually introduced to the various aspects of their role as they became more confident. Most of the non-clinical staff were new and had received recent training on safeguarding, infection prevention and control, fire safety and basic life support.
- The practice could demonstrate how they ensured role-specific training and updating for some staff. For example, for those reviewing patients with long-term conditions. Clinical staff were supported to take protected learning time and mandatory training. They attended monthly CCG meetings and weekend training events. Examples of topics covered included chronic obstructive pulmonary disease (COPD) and safeguarding.
- 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.
- There was no formal system of appraisals, meetings and reviews of practice development needs to ensure staff learning needs were identified. The practice had been operating from this location since May 2015. No staff appraisals had taken place as yet. We were told they were due to take place at the time of our inspection. Most of the non-clinical staff, including the practice manager were new. However, most of the training had only been delivered just prior to our inspection. Staff told us they were able to request any appropriate training to meet their learning needs and to cover the scope of their work. However, there was no structure in place to decide what training was mandatory for the various levels of staff. The practice nurse told us they undertook mandatory professional training as part of their protected training time.
- Staff received training that included: safeguarding, fire safety awareness and basic life support. Information governance was yet to be covered. Training was provided by an external organisation.

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 also shared information about palliative care patients with out of hours services and district nurses.

Staff worked together and with other health and social care professionals such as district, diabetic and tissue viability nurses 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. Unplanned hospital admissions and re-admissions were reviewed at multi-disciplinary integrated care management (ICM) meetings. The purpose of the ICM was to prevent hospital admissions by supporting patients identified as being at risk of unplanned admissions. Whilst these meetings did not take place on a regular basis, records showed the GP did follow up patients that had been unexpectedly admitted to hospital to discuss admission prevention and other services available besides A&E. Patients at risk of unplanned admissions were also referred to the community treatment team (CTT). The CCT worked with adults in the community with an acute physical need who could potentially be treated at home, rather than attending A&E. Records showed the GP also liaised with out of hours services, district nurses and palliative care services to discuss patients.

The practice received and acted on discharge information from hospitals to ensure patients were followed up and supported appropriately.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. In relevant cases decisions about end of life care was recorded in patient's care plans. 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.
- Decisions about consent were recorded in the patient's electronic record.

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 mental health. Patients were signposted to the relevant service.
- Patients could be referred to a dietician and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 82% and the national average of 74%. 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 nurse reviewed the results for all samples taken to check if any samples were deemed inadequate in order to monitor their own performance.

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 74% to 86% and five year olds from 75% to 83%.

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 to discuss their needs.

All 41 patient Care Quality Commission comment cards we received were positive about the service experienced. Three of those did comment about occasional difficulties getting an appointment. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Appointments were usually 15 minutes long. Clinical staff tried to deal with all of the patient's issues in one appointment, so they did not have to make another appointment. If a patient seeing the nurse subsequently needed to see the GP, this was facilitated there and then, where possible.

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 above in line withfor its satisfaction scores on consultations with GPs and nurses. For example:

- 83% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 81% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 79% and the national average of 87%.

- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 90% and the national average of 95%.
- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 76% and the national average of 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

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. Hard copies were signed by patients and included details of their next of kin and decisions about end of life care were recorded.

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:

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 79% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 72% and the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 85%.

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

Are services caring?

- Staff told us they encouraged patients who did not have English as a first language to bring a friend or relative who could translate for them. They told us the GP spoke and/or understood a number of European and Asian languages. Therefore he was able to communicate with patients. The GP told us interpreting services were available for patients who did not have English as a first language. However we did not see any notices in the reception areas informing patients this service was available. Reception staff were not aware of the availability of this service. The use of patient's friends or relatives to interpret could have implications for patient's privacy and confidentiality. The practice should make sure that arrangements are made, wherever possible, to meet patients' language and communication needs.
- 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 16 patients as carers (0.5% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us the GP contacted families that had suffered bereavement. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. If the patient died at home during practice opening hours the GP would visit the patient's home to certify the death and offer support to the family.

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. For example, the practice had reviewed how its types of appointment were being used. This showed a high demand for emergency appointments on a Monday morning compared with other days in the week. The practice carried out a review and consequently increased the number of emergency appointments on Mondays. This was done by reducing the number of pre-bookable appointments. To counter this they reduced the number of emergency appointments on Thursdays, when there was lower demand and increased the number of pre-bookable appointments. Staff told us this had made more appointments available to meet patient's needs.

- The practice offered extended opening hours on Monday, Wednesday and Thursday evenings (until 7pm) for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children, older patients and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had a digital screen in reception which alerted patients when it was their turn to be seen by the GP or nurse. The screen was also used to bring any practice or health related information to patient's attention.
- The practice offered cryotherapy as there was a long wait to receive this procedure at the local hospital (cryotherapy refers to the removal of some skin lesions by freezing them). This helped to meet patient demand.

Access to the service

The practice's opened at 8.30am Monday to Friday, closing at 12.30pm. It then re-opened for the afternoon session at 4pm closing at 7pm on Mondays, Wednesdays and Thursdays and 6.30pm on Tuesdays and Fridays. Telephone lines were open Monday to Friday from 8am to 6.30pm. The practice did not open on weekends. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 81% of patients were satisfied with the practice's opening hours compared to the national average of 75%.
- 87% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

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. A poster on display in reception directed patients to contact the practice manager. Posters also informed patients about external organisations where they could direct their complaints such as NHS Complaints Advocacy and the Parliamentary and Health Service Ombudsman (PHSO).
- Any complaints were brought to the attention of all staff through informal discussions.

We looked at the only complaint received since the practice opened in May 2015. We found the complaint was satisfactorily handled. Lessons were learnt from individual

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

concern and complaint and action was taken as a result to improve the quality of care. For example, it was emphasised to staff when registering new patients, to ensure all details entered were correct.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had been operating from its present location for less than one year. The provider told us their main aim at that time was to establish the practice and develop a stable team of staff, most of them being new. The provider aimed to do so whilst continuing to deliver high quality care and promote good outcomes for patients.

- The practice's aims and objectives as stated in its statement of purpose were: to look after the medical needs of the local population within the Primary care setting and to improve the quality of life of the local population. The practice did not have an articulated mission statement however staff we spoke with knew and understood the practice's values.
- The practice had a strategy and supporting business plans which reflected the vision and values. However, the implementation of the plans was not suitable robust to achieve the stated aims. The provider had undergone a restructuring process following the closure of two previous locations and its relocation from Dagenham in May 2015. The provider told us their main aims were to focus on settling in to the new premises, developing practice staff meeting the needs of the local community. Patients we spoke with were positive about the service they received. However, there was no structured staff development process in place. There was no formal system of appraisals, meetings and reviews of practice development needs to ensure staff learning needs were identified.

Governance arrangements

The practice had an overarching governance framework which generally supported the delivery of the strategy and good quality care. However there were areas for improvement.

- There was a staffing structure however, some staff were unclear about the role of the current practice manager. Some staff expressed greater confidence in the GP for management related matters because the practice manager was relatively new. The provider was aware of

this and told us confidence in the practice manager would improve as they became more experienced in their role. Staff were aware of their own roles and responsibilities.

- Practice specific policies were available to all staff but not always implemented. For example, the recruitment policy did not reflect what actually happened in practice. Interview notes were not always taken and/or retained and a formal induction process was not always followed.
- A comprehensive understanding of the performance of the practice was maintained.
- Clinical and internal audit was used to monitor quality and to make improvements. However at the time of our inspection, re-audits had not yet been carried out.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However we saw areas where improvements were necessary. For example, the practice had not carried out a risk assessment to consider how it would respond in the case of an emergency.

Leadership and culture

There was evidence the provider prioritised high quality and compassionate care. The provider demonstrated a detailed knowledge of his patients and patients we spoke with were very happy with the service they received. Staff told us the management 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). The provider encouraged a culture of openness and honesty. The practice had some systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology

There was a leadership structure in place and staff felt supported by the provider. The practice had opened relatively recently in May 2015. The practice manager was new in post and new to practice management. The

Are services well-led?

Requires improvement 

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

provider explained they had had some difficulties retaining practice managers when they moved to this new location due to reasons unrelated to the practice itself. As a result, the provider had undertaken to train up a new individual to the role of practice manager. This training had only recently started at the time of our inspection and it was apparent the GP and administrator continued to lead on most aspects of the management of the practice. The new practice manager said they were well supported by the GP and administrator.

- Staff told us team meetings did take place but these were irregular and informal. We saw minutes of the two most recent staff meetings. These were very brief and lacked the detail to identify if actions were identified and followed up. They were not always shared with staff who were absent. The practice manager undertook to improve this.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues with the management at any time. They felt confident and supported in doing so. The team took part in team activities at Christmas and Easter times.
- Staff said they felt respected, valued and supported, particularly by the management at the practice. All staff were involved in discussions about how to run and develop the practice, and the management 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 a patient participation group (PPG) but as it had newly opened the PPG had not yet been involved in gathering feedback from patients through surveys and complaints received. We spoke with three members of the PPG. They told us they had only met once since the practice opened but they had plans to meet regularly and to carry out patient surveys. They had raised proposals for improvements to the practice management team. For example, they had raised concerns about the attitude of some reception staff when the practice first opened. Were told as a result of action taken by the provider, some staff had been replaced. There had been no further issues since.
- The practice had gathered feedback from staff through general discussion. We were told practice meetings did not take place regularly but there was a culture of openness at the practice and management was always available and approachable. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Patients were not protected from unsafe care or</p> <p>Treatment, in particular ensuring staff could respond effectively to medical and premises related emergencies. The practice did not have a defibrillator or a reliable source of oxygen. The provider had not carried out a risk assessment to consider how it would respond in the case of an emergency.</p> <p>An annual infection control audit had not been carried out.</p> <p>There was no structured staff development process in place. There was no formal system of appraisals, meetings and reviews of practice development needs to ensure staff learning needs were identified</p> <p>Regulation 12 (1)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>People who use services were not fully protected against the risks associated with the recruitment of staff, in particular in ensuring all appropriate pre-employment reference and DBS checks are carried out and recorded prior to a staff member taking up post.</p>

This section is primarily information for the provider

Requirement notices

Recruitment processes did not reflect the provider's own policy. Interview notes were not always taken and/or retained and a formal induction process was not always followed.

Regulation 19 (1)(a) and (2)(a)