

# Gables Surgery

## Quality Report

Markyate Road  
Dagenham  
Essex RM8 2LD  
Tel: 0203 667 5410  
Website: [www.gablesurgery.com](http://www.gablesurgery.com)

Date of inspection visit: 30/08/2017  
Date of publication: 12/10/2017

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 effective?

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 Gables Surgery on 27 October 2016. The overall rating for the practice was good but specifically requiring improvement in the provision of effective services. The full comprehensive report on the October 2016 inspection can be found by selecting the 'all reports' link for Gables Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 30 August 2017 to check that improvements had been made since our previous inspection on 27 October 2016. This report covers our findings in relation to those improvements made since our last inspection.

Overall the practice is rated as good and the provision of effective services is now also rated as good.

Our key findings were as follows:

- Clinical audits were examined and proof of second cycle audits were seen.

As part of the inspection on 27 October the practice was advised that they should make available proof of identity including a recent photograph for recruitment files and formalise the identification and recording of patients who are carers so that all carers are offered support. During our inspection on 30 August 2017 we saw evidence that the recruitment process for all staff had been reviewed and that proof of identity checks are being carried out with photographic identification now being held on file. The practice was also able to demonstrate that it was more proactive in the identification of carers and that it had now increased the number of identified carers from 12 to 44. This represented 1.2% of the practice list and, whilst still fairly low, the practice was able to demonstrate plans to increase that figure still further.

**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 effective?**

The practice is rated as good for providing effective services.

- The practice was able to provide evidence of completed two-cycle clinical audits which were seen to show improvement in the quality of care.

**Good**



# Gables Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Inspector.

## Background to Gables Surgery

Gables Surgery is in Becontree in outer north east London. It is one of the 40 member GP practices in NHS Barking and Dagenham Clinical Commissioning Group (CCG).

The practice is located in the second more deprived decile of areas in England. At 77 years, male life expectancy is lower than the England average of 79 years. At 82 years, female life expectancy is less than the England average of 83 years. The provider tells us the practice service a diverse population made up of white British, British Asian and African families.

The practice has approximately 3,700 registered patients. It has more patients in the 0 to 9 years, 25 to 35 years and 45 to 54 years age ranges than the England average, and fewer in the 60 to 85+ years age ranges than the England average.

Services are provided by Gables Surgery under a General Medical Services (GMS) contract with NHS England.

The practice is in purpose built premises which are fully wheelchair accessible. There are seven consulting rooms and one treatment room. There is a car park which includes one disabled parking space.

The two GP partners work at the practice on a part time basis and together make up the equivalent of 1.6 whole time staff (WTE). Both are female. There is one practice nurse (0.72 WTE) and one healthcare assistant (0.4 WTE).

The clinical staff are supported by a team of administrative and receptionist staff headed up by a full time practice manager.

The practice's opening times are:

- 8.30am to 6.30pm Monday, Tuesday, Wednesday and Friday.
- 8.30am to 1.00pm on Thursday.
- The surgery telephone line opened 30 minutes earlier, at 8.00am

Patients are directed to an out of hours GP service outside these times.

Doctor and nurse appointments were available between:

- 9.00am to 12.00pm and 3.30pm to 6.30pm Monday, Tuesday, Wednesday and Friday.
- 9.00am to 12.00pm on Thursday.
- Walk in, emergency, and urgent same day appointments, and telephone consultations are offered each day.

Gables Surgery is registered with the Care Quality Commission to carry on the following regulated activities at Markyate Road, Dagenham, Essex RM8 2LD: 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 an announced comprehensive inspection at Gables Surgery on 27 October 2016. The overall rating for the practice was good but specifically requiring

# Detailed findings

improvement in the provision of effective services. The full comprehensive report on the October 2016 inspection can be found by selecting the 'all reports' link for Gables Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook an announced follow up focused inspection on 30 August 2017 to check that improvements had been made since our previous inspection on 27 October 2016. This report covers our findings in relation to those improvements made since our last inspection.

## How we carried out this inspection

During our visit we spoke with the practice manager as well as reviewed information, documents and records kept at the practice.

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 effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 27 October 2016, we rated the practice as requires improvement for providing effective services as no two-cycle audits had been completed. We were told that this was because the two GP partners had each taken a period of extended leave within the last 12 months.

### **Management, monitoring and improving outcomes for people**

The practice was able to demonstrate that the two clinical audits that had been started prior to our last inspection had now gone through a second cycle and been completed

For example, one of the audits considered how to improve medicine management for patients with chronic obstructive pulmonary disease (COPD), an area of poor performance for the borough.

The original audit showed that 50% of the patients receiving a prescription for high dose inhalers had not had their FEV1 (a test of a person's lung function) reviewed in the preceding 12 months and 33% of those patients had not had their inhaler techniques reviewed in the last six months.

Following the audit, a plan was put in place to ensure all patients with COPD would in future have a review at least once a year, with their FEV1 and their inhaler technique checked once a year.

A second cycle audit was carried out in June 2017 and this showed that 90% of those patients had had their FEV1 checked and 50% had had their inhaler technique checked.

The practice planned to re-audit again in January 2018 and will advise patients to bring their inhalers with them when they attend their reviews.

The practice had also implemented an audit of their diabetic patients in response to a National Institute of Clinical Excellence (NICE) recommendation for the improvement of diabetes care. This focused on the early identification and management of diabetic patients by regular reviews and blood tests.

The first audit cycle, covered a period from April 2016 to November 2016 and was used as the base for measurement. The second cycle (covering December 2016 to July 2017) showed clear improvements in both attendance and uptake of blood tests due to the introduction of text messaging reminders and letters. Housebound patients receive home visits to enable blood tests to be done and for routine checks, such as blood pressure, height, weight and smoking status, to be recorded.

Both audits evidenced the improvements that the practice has undertaken.