Dr A K & S Shah

Quality Report

Goodmayes Medical Centre
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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	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr A K & S Shah on 9 October 2015. Overall the practice is rated as requires improvement.

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

- There was an open approach to safety and a system in place for reporting and recording significant events.
- Most risks to patients were assessed and well managed. The practice needs to improve on infection control.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was mixed feedback from patients about whether they were treated with compassion, dignity and respect and whether they were involved in decisions about their treatment. The 2015 National GP Patient Survey results for the practice were poor. In contrast, comments we received from patients and the Patient Participation Group were very positive about these aspects of the service.
- Patients said it was difficult to make appointments and this was reflected in the practice's 2015 National GP Patient Survey results.
- Information about services and how to complain was available and easy to understand.
- The practice had suitable premises and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the provider must make improvement are:

- The practice must ensure systems are in place to protect patients and staff from the risk of acquired infection. The practice should ensure that its infection control and related policies are up to date and reflect current requirements.

Summary of findings

- The practice must ensure that the service is accessible to patients in need of primary health care and the appointment system is fit for purpose.

The areas where the provider should make improvement are:

- The practice should encourage the positive reporting of events and incidents to provide opportunities to learn and improve patient safety.
- The practice should have a written locum pack for locum doctors to refer to.
- The practice should review whether there is a need for staff to have training on the Mental Capacity Act 2005. Staff were not fully confident about their obligations under the Act.
- The practice should ensure that policies are reviewed and updated periodically to ensure they reflect current practice.
- Patient experience as reported by the 2015 National Patient GP survey was poor. The practice should further investigate the reasons for its poor performance as this may indicate areas for improvement.
- The practice did not provide written information, for example, its practice leaflet, in other languages.
- The practice did not have its own 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?

Requires improvement

The practice is rated as requires improvement for providing safe services as there are areas where improvements should be made.

- There was a system in place for reporting and recording significant events. The practice had only had one significant event in the previous year.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Most risks to patients were assessed and well managed but the practice needed to improve on infection control, for example by providing staff with refresher training and periodically auditing its infection control practice.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and 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.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice lower than average for the quality of consultations with doctors and nurses.

Summary of findings

- However, patients we spoke with and who submitted comment cards said they were treated with care and respect by their doctors. Patients described their regular doctors as excellent and gave us examples of compassionate and timely care.
- Parents told us that the doctors were good at putting their children at ease, for example, by asking the child before carrying out any examination or test.

The practice took steps to protect patient confidentiality.

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for providing responsive services as there are areas where improvements should be made.

- The practice ensured that urgent appointments were available the same day.
- Some patients said it was difficult to make an appointment and this was reflected in the practice's National GP Patient Survey results The practice had recently started to refer patients to a local locality 'hub' service if they wanted evening or weekend appointments with a GP.
- The practice had suitable premises and was equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- Written information for patients was available in English. There were few information leaflets available in other languages. The practice did not have its own website.

Are services well-led?

Good

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

- The practice partners had a clear vision to deliver high quality care, inclusive, evidence-based and cost-effective care for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular staff and clinical meetings.
- The practice sought feedback from staff and patients. The practice had an active patient participation group.
- There was a focus on learning and improvement. The GP partners were keen to develop skills and roles within the practice team.

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 practice is rated as requires improvement for the care of older people. The provider was rated as requires improvement for safety and for responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice had around 250 patients aged over 75 on their patient list.
- Older patients had a named doctor.
- The practice was responsive to the needs of older people, and offered 20 minute appointments, home visits and urgent appointments for those with complex needs.
- The practice participated in 'Everyone counts' a local initiative aimed at older patients. Patients were invited to the surgery and their needs assessed.
- The practice carried out care planning with patients who had more complex needs and had good links with local community services.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as requires improvement for safety and for responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Patients with long-term conditions had a named GP and a structured annual review to check their health and medicines needs were being met.
- The practice carried out care planning with patients with complex needs and at risk of unplanned hospital admission and worked with other health and social services professionals to deliver coordinated care. Patients at risk of hospital admission were identified as a priority.
- The practice monitored its performance in managing long term conditions and performed in line with or better than the national averages. For example, the percentage of patients with diabetes whose blood sugar levels were well controlled (ie their last IFCCHbA1c was 64 mmol/mol or less in the preceding 12 months) was 78%.
- Longer appointments and home visits were available when needed.

Summary of findings

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement for safety and for responsive. 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 practice was achieving child immunisation targets.
- Parents told us that the doctors were good at putting their children at ease, for example, by asking the child before carrying out any examination or test.
- 75% of patients diagnosed with asthma had an asthma review in the last 12 months (national average 75%).
- 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)

Requires improvement

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider was rated as requires improvement for safety and for responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice had adjusted the services it offered to ensure these were available outside of working hours. However some patients told us it was difficult to make an appointment and this was reflected in the practice's most recent National GP Patient Survey results.
- The practice offered online services.
- The practice provided a full range of health promotion and screening reflecting the needs for this age group.
- The practice's uptake for the cervical screening programme was high at 80%.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was

rated as requires improvement for safety and for responsive. 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 people with a learning disability and carers. Vulnerable patients were supported to register at the practice.
- The practice offered longer appointments for patients with a learning disability or other complex needs.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access support groups and voluntary organisations, for example the local carers associations.
- 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. We saw an example where the practice had raised concerns about a vulnerable adult to ensure they were protected from abuse.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for safety and for responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Ninety-four per cent of patients on the practice mental health register had a documented care plan. Seventy-five per cent of patients diagnosed with dementia had a face to face review in the previous 12 months.
- The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health. The practice referred patients with mental health and substance misuse problems to specialist services in the area.
- The practice was able to signpost patients experiencing poor mental health to various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results published on January 2015. The results suggested the practice was performing below local and national averages. The response rate was 29% (that is, 2% of the patient list): 382 survey forms were distributed and 112 were returned

- 42% found it easy to get through to this surgery by phone compared to a CCG average of 53% and a national average of 73%.
- 58% were able to get an appointment to see or speak to someone the last time they tried (CCG average 77%, national average 85%).
- 52% described the overall experience of their GP surgery as fairly good or very good (CCG average 72%, national average 85%).
- 34% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 65%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection and we interviewed eight patients. We received 25 comment cards, all of which were positive about the standard of care received. Patients described the staff as friendly and the clinical team as professional and caring. Patients were positive about recent developments such as electronic prescribing and one patient told us that they had not had any problems booking an appointment since using the online booking system.

However, three of the comment cards and several patients we spoke with said they had experienced difficulty booking an appointment. People said that all available appointments for the day had often gone by the time they got through. The problem was more acute for people who were busy themselves at these times, for example parents taking children to school and commuters.

Dr A K & S Shah

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser, a practice manager specialist adviser and a second CQC inspector.

Background to Dr A K & S Shah

Dr A K & S Shah provides NHS primary medical services to around 6,600 patients in Goodmayes, through a General Medical Services contract. The practice has one surgery which is known locally as Goodmayes Medical Centre.

The current practice staff team comprises two GP partners (male and female), a number of regular locum GPs (male and female), a part-time practice nurse and a small team of receptionists and administrators. In total, the GPs typically provided 30 clinical sessions per week. At the time of the inspection, the practice had a vacancy for a practice manager. The practice is a teaching practice and offers short-term placements to undergraduate medical students.

The practice reception is open from 8.30am every weekday. The practice closes at 7.00pm on Monday and Friday, at 8.00pm on Tuesday and Wednesday and is closed from 1.00pm on Thursday. Appointments are available from 9.00am-12.30am every weekday. Afternoon consultation times are available from 4.00pm. The practice is closed at the weekend. The GPs make home visits to see patients who are housebound or are too ill to visit the practice.

When the practice is closed, patients can use the out-of-hours primary care service provided locally by Redbridge Clinical Commissioning Group (CCG). Patients ringing the practice when it is closed are provided with recorded information on the practice opening hours and instructions on how to access urgent and out-of-hours primary medical care or, in an emergency, to attend A&E. This information is also provided in the practice leaflet with a local number provided for the out-of-hours service.

The practice has a higher than average proportion of adults in the 20-39 age ranges. The local population is ethnically diverse.

The practice is registered with the Care Quality Commission to provide the regulated activities of

diagnostic and screening procedures; family planning; maternity and midwifery services; and treatment of disease, disorder and injury.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 9 October 2015. During our visit we:

- Spoke with a range of staff (both GP partners, a long-term 'locum' GP, the practice nurse and members of the reception and administrative team) and spoke with six patients who used the service and the chair of the practice patient participation group (PPG).
- Spoke with a local community pharmacist about their experience of working with the practice.
- Observed how patients were greeted and treated at reception.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 25 comment cards where patients 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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

The practice had only experienced one significant event in the previous 12 months which seemed unusually low for a practice of this size. The practice had a clear system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant event.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a potentially fraudulent prescription request had been spotted by the community pharmacist who alerted the practice. The whole practice team met to review this incident and identify learning. As a result the practice updated its system for processing repeat prescriptions and reminded staff of the correct checks to carry out before issuing a repeat. The practice also informed the Clinical Commissioning Group and the police.

When there had been unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had defined systems, processes and practices in place to keep patients safe and safeguarded from abuse:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. The practice policy reflected relevant legislation and local requirements and was accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the partners was the practice lead for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The practice actively raised concerns about patients at potential risk, for example the practice had raised an alert when a patient in vulnerable circumstances reported being subjected to verbal abuse. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The GPs and practice nurse were trained to Safeguarding level 3 and attended relevant external learning events on safeguarding when these opportunities arose.
- Notices in the waiting room and consultations rooms advised patients that chaperones were available if required. Patients were routinely offered a doctor of the same gender when booking appointments likely to require an intimate examination. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice had effective arrangements for managing medicines safely, covering obtaining, prescribing, recording, handling, storing and security of medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The practice had a repeat prescribing policy which allowed patients to order their prescription online, in person, by post or through their nominated pharmacist. Telephone requests were not accepted to avoid misunderstandings. Medication reviews were carried out at least annually and documented in patient notes. High risk medicines were reviewed monthly with any relevant blood test results.
- We reviewed the personnel files for staff members who had joined the practice within the last two years and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Requires improvement

Are services safe?

- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- The practice worked closely with one of the community pharmacies in the local area. This collaboration had resulted in better coordination of prescribing, dispensing and immunisations, for example after hospital discharge and when stocks of particular medicines were low. The pharmacist had implemented documented checks of high-risk medicines including warfarin, insulin, lithium and non-steroidal anti-inflammatory drugs (NSAIDS). The practice also referred patients to the pharmacy for smoking cessation support and advice on minor ailments.

However aspects of infection control needed improvement. One of the GP partners and the practice nurse were responsible for infection control within the practice. There was an infection control policy and protocols in place but staff had not received update training since 2012. The policy had not been reviewed since 2013. Practice staff used personal protective equipment appropriately and single use supplies and equipment. Sharps were disposed of appropriately with bins well sited, correctly labelled and not overfull. However, the practice did not display information for staff on what to do in the event of a needlestick injury in the consultation rooms. Clinical waste was disposed of safely. The environment appeared to be clean and tidy, but there was no set cleaning schedule for the cleaner to work from making this more difficult to monitor.

- The practice had previously had an external audit of their infection control carried out in 2013 and had developed an action plan in response. This had not subsequently been updated to show when actions were completed and the practice had not carried out its own audits to check it was maintaining good infection control practice.

Monitoring risks to patients

Most risks were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health. A Legionella risk assessment had been carried but the next review was overdue. (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 the different staffing groups. In addition to the two GP partners, the practice contracted with regular 'sessional' doctors and employed a practice nurse three days a week.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

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 peoples' needs.
- We saw examples where the practice had put together its own condition specific protocols based on National and local guidelines, research findings and local services.
- The practice checked that locum doctors were managing care in line with referral and prescribing 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 95.1% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets in 2014/15.

Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients with diabetes, on the register, in whom the last IFCCHbA1c was 64 mmol/mol or less in the preceding 12 months was 78%, the same as the national average of 78%. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 84%, compared to the national average of 88%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 86%, compared to the national average at 84%.
- Performance for mental health related indicators tended to be better than the national average. For example, The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 94% compared to the national average of 88%. However, the percentage of patients diagnosed with dementia who had a face-to-face review in the preceding 12 months was 75% compared to the national average of 84%.
- The practice had responded well to national and local guidance on reducing unnecessary prescribing of antibiotics. The practice was one of the lower prescribers in its locality.

Clinical audits demonstrated quality improvement.

- The practice carried out clinical audit to assess its performance against good practice guidelines and standards. We were shown an example of a multi-cycle audit the practice carried out annually on the rate of inadequate cervical smear samples. (Inadequate samples cannot be read and have to be repeated.) In 2014/15 the percentage of inadequate smears had decreased to 2% from 2.5% the previous year.
- The practice participated in local audits and national benchmarking and was aware of its comparative performance. Medication reviews had been carried out with patients and where indicated, prescriptions had been changed to reduce the risk of side effects and optimise treatment. Medications reviews were recorded in patient notes.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations stayed up to date with changes to the immunisation programmes, for example through access to online resources.

Good

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 during sessions, one-to-one meetings, appraisals and support for revalidating GPs. All staff had had an appraisal within the last 12 months. One of the GP partners had been a GP appraiser and in this role supported other GPs.
- The practice offered short-term placements to undergraduate medical students. The students were supported by the GP partners. Patients were asked for consent before students were allowed to observe clinical practice. Student feedback about their experience at the practice was positive.
- Staff received training that included: safeguarding, fire procedures and basic life support. Staff had access to and made use of e-learning training modules and in-house training, for example on chaperoning.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services 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. We saw evidence that multi-disciplinary team meetings took place regularly and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance but were not always clear about their responsibilities under the Mental Capacity Act 2005. Staff had not had recent training on the Mental Capacity Act.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. We were told that children under 16 did not attend on their own. Parents told us that the doctors were good at communicating with young children and putting them at ease.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was high at 80%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice encouraged patients to have chlamydia screening when they registered at the practice.

Childhood immunisation rates were comparable to CCG and national averages. For example 84% of babies had received the 'five in one' immunisation by the age of two years.

Patients had access to appropriate health assessments and checks. These included health checks for new patients. Any concerning risk factors were followed-up with an appointment with a doctor.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were welcoming and helpful to patients. For example, receptionists greeted patients by asking, 'How can I help?'. The practice took steps to protect patients' privacy and dignity:

- Curtains were provided in consulting rooms to maintain patients' privacy during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations.
- Reception staff said they were able to take patients to a more private area if they wanted to discuss sensitive issues or appeared distressed.

We spoke with the chair of the patient participation group (PPG). They were positive about the care provided by the practice and told us they thought the practice was the best in the area. Other patients we spoke with were also pleased with the service. Patients described their regular doctors as excellent and gave us examples of compassionate and timely care. One person described their experience as 'life saving'.

All 25 comment cards we received were positive about the service. Patients described the staff as friendly and the clinical team as professional and caring. It was concerning though that the results from the national GP patient survey showed that the practice was not performing in line with other practices on patient experience. The practice scored markedly below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 67% said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 66% said the GP gave them enough time (CCG average 82%, national average 87%).
- 81% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).
- 56% said the last GP they spoke to was good at treating them with care and concern (CCG average 79%, national average 85%).
- 73% said the last nurse they spoke to was good at treating them with care and concern (CCG average 82%, national average 91%).
- 70% said they found the receptionists at the practice helpful (CCG average 78%, national average 87%).

The GP partners were aware that the practice scored comparatively poorly on the national survey but were unsure why that was. The feedback they received from other sources, such as the patient participation group tended to be good. This disparity needed further investigation.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about their care and treatment. They also told us they felt listened to by the regular GPs and had been able to make informed decisions about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive.

Results from the national GP patient survey showed that the practice scored below the local CCG and national averages for patient satisfaction with planning and involvement. For example:

- 67% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.
- 55% said the last GP they saw was good at involving them in decisions about their care (CCG average 76% , national average 82%).
- 66% said the last nurse they saw was good at involving them in decisions about their care (CCG average 76% , national average 85%).

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

- Translation services were available for patients who did not have English as a first language. The electronic record system allowed the patient records to be flagged when they were known to need an interpreter. This prompted reception staff to offer the translation service and a longer appointment slot.
- Members of staff spoke a number of languages commonly spoken in the area as well as English.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations

Good

Are services caring?

including bereavement services. The practice's computer system alerted staff if a patient was also a carer. Around 3% of practice patients were recognised carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them and arranged a consultation. The practice gave patients advice on how to find bereavement support if this was wanted.

Requires improvement

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. One of the GP partners had chaired the local cluster of practices in Redbridge and was aware of local priorities and challenges.

- The practice offered a range of clinics including well woman, ante-natal, post-natal, baby clinic and travel health.
- The practice offered appointments until 8.00pm on two nights a week.
- Longer appointments were available for patients with a learning disability or other complex needs.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Consultation rooms were available on the ground floor and were accessible. There was also an accessible patient toilet.

Access to the service

The practice reception was open from 8.30am every weekday. The practice closed at 7.00pm on Monday and Friday, at 8.00pm on Tuesday and Wednesday and from 1.00pm on Thursday. Appointments were available from 9.00am-12.30am every weekday. Afternoon consultation times were available from 4.00pm. The practice was closed at the weekend.

Results from the national GP patient survey showed that patient satisfaction with access tended to be markedly below the local and national averages.

- 64% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 75%.
- 42% of patients said they could get through easily to the surgery by phone (CCG average 53% of national average 73%).
- 58% of patients said they were able to make an appointment or speak to someone the last time they tried (CCG average 77%, national average 85%).
- 44% of patients said they always or almost always see or speak to the GP they prefer (CCG average 51%, national average 59%).

Several patients we spoke with during the inspection told us they had experienced difficulty making appointments. Three of the comment cards we received criticised the appointments system.

The appointments system did not routinely allow patients to book appointments more than a fortnight in advance. On the day of our inspection, all pre-bookable appointment slots had been booked for the next two weeks. The practice 'blocked' a proportion of appointments for release on the same day. Blocked appointments were released in the early morning and afternoon. This meant that many patients were seen the same day as contacting the practice, including any patients with urgent problems. However, despite this, some patients told us they had a negative experience of obtaining an appointment. This was due to frustration when trying to call the practice early in the morning when the first block of daily appointments were released and failing to get through in time. We also observed patients attending late in the morning to make an appointment and being told to come back in the early afternoon when more appointments would be released. They had made a wasted journey.

The practice was aware of the pressure on appointments. The practice had previously varied the balance of same-day and pre bookable appointments and told us that non-attendance rates increased when patients booked appointments more than a fortnight in advance, exacerbating the problem. The practice had recently started to offer patients with non-urgent problems same day appointments at a local 'hub' practice. This service had been set up by the CCG to improve patient access to primary care in Redbridge. The practice scored more poorly for its access than other local practices on the National GP Patient Survey suggesting that the practice could do more to make the service more accessible to its patients.

Translation services were available for patients who did not speak English as a first language. The practice added an alert to patient records identifying patients known to need an interpreter and this was routinely offered at future appointments. Several members of staff spoke a number of languages commonly spoken in the area.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Written information for patients was generally available in English, for example there were posters and leaflets in the waiting room. The practice did not have its own website.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We looked at three complaints received in the last 12 months and found these were handled appropriately. Patients received a timely acknowledgement and a written response including an apology. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice partners had a clear vision to deliver high quality care, inclusive, evidence-based and cost-effective care for patients.

- The practice had a strategy and supporting business plans, for example, to recruit a practice manager and a salaried GP rather than rely on locum staff. The practice was also developing the wider team to reflect the practice values.
- The practice was aware that it received poor patient feedback in the national survey and this adversely impacted on its reputation. The practice had engaged with its Patient and Participation Group to explore the reasons why. The practice had varied the way its appointment system operated to try and address patient concerns about access although we did not see evidence that this was yet improving patient experience.
- The practice was taking advantage of the Medical Protection Society's whole team training programme for member organisations. This covered issues such as consent, confidentiality and complaints.
- The practice engaged with other practices and organisations, for example, participating in monthly locality meetings. The practice had worked closely with the local pharmacist and now referred patients to the pharmacy for advice on minor ailments or for smoking cessation.

Governance arrangements

The practice had an overarching governance framework which ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Staff members were allocated lead roles, for example, one of the partners led on safeguarding and diabetes while the other partner led on women's health. The receptionists were aware of who the leads were and were able to direct patients to the most appropriate clinician.
- Practice specific policies were implemented and were available to all staff. We noted that a number of policies, such as the practice infection control policies were overdue for review.
- A comprehensive understanding of the performance of the practice was maintained. The practice scored comparatively well for example, on the Quality and Outcomes Framework for care of long term conditions. The practice had low exception reporting rates (where patients are excluded from the calculation for various reasons).
- A practice carried out audits to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing most risks, issues and implementing mitigating actions, for example in relation to equipment and recruitment practice.

Leadership and culture

The partners in the practice had the experience and capacity to run the practice and ensure high quality care. We spoke with both partners who were able to demonstrate how they prioritised safe and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The practice encouraged a culture of openness and honesty. The practice was aware of requirements to notify other bodies of relevant safety incidents

- The practice held regular team meetings and clinical meetings.
- Staff told us they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported in the practice and told us they were encouraged to identify opportunities to improve the service delivered by the practice. Staff had opportunities to develop in their role.

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

The practice encouraged and valued feedback from patients, the public and staff. It sought patient feedback through the friends and family test, complaints and suggestions and had an active Patient Participation Group (PPG). We met the chair of the group who was very positive about the practice and how responsive it was to the group's ideas and recommendations, for example making improvements to the waiting room. The PPG planned to carry out its own survey but the chair told us they sometimes visited the practice and spoke to patients and

Are services well-led?

Good

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

the feedback had always been good. The practice had gathered feedback from staff through regular meetings and appraisals. Each year, the practice also invited a few patients to their annual Christmas dinner.

This section is primarily information for the provider

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 Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **How the regulation was not being met:** The practice did not have appropriate systems in place to enable patients to access the service in a way that reasonably met their needs or reflected their preferences. This was in breach of regulation 9(1)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The practice did not have effective systems in place to assess the risk of, and prevent, detect and control the spread of health care associated infection. This was in breach of regulation 12(1)(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.