Market Street Health Group

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good

Summary of findings

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Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Market Street Health Group on 10 October 2016. The overall rating for the practice was requires improvement. The full comprehensive report published in January 2017 can be found by selecting the 'all reports' link for Market Street Health Group on our website at www.cqc.org.uk.

This inspection was an announced focused follow up inspection carried out on 13 February 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection in October 2016.There were breaches in infection control, medicines management and management of patients with long term conditions. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

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Overall the practice is now rated as good.

Our key findings were as follows:

- There was an open and transparent approach to safety and effective systems in place for recording and reporting significant events.
- The practice carried out regular risk assessments, including health and safety and fire safety.
- There was a process to review Quality Outcomes Framework (QOF) exception reporting rates where the practice was now achieving below the CCG and national averages.
- The practice carried out an infection control audit and had completed the actions identified in it. The practice was clean and tidy and had daily and weekly cleaning schedules in place which were regularly monitored.
- Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGD's are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.
- The practice had good facilities and was well equipped to meet patients' needs.
- The provider was aware of and complied with the requirements of the duty of candour.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

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	Good
People with long term conditions	Good
Families, children and young people	Good
Working age people (including those recently retired and students)	Good
People whose circumstances may make them vulnerable	Good
People experiencing poor mental health (including people with dementia)	Good

Market Street Health Group

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector who was supported by a GP specialist advisor.

Background to Market Street Health Group

Market Street Health Group is a GP practice located in the town of East Ham, in the east of London. East Ham is in the London Borough of Newham and the practice is a part of Newham Clinical Commissioning Group (CCG). The practice is a teaching practice for medical students and provides GP services to approximately 13,000 patients under a PMS contract with NHS England. The practice is based in a modern purpose built building in a residential area. The practice has good transport links and parking permits for carers and there is limited parking on surrounding streets.

The practice profile shows the practice has a higher number of patients aged from zero to 44 years and a lower than average number of patients aged over 55 years. At 79 years for males and 83 years for female, the average life expectancy of people in the locality lies within the second most deprived deciles (out of ten) on the deprivation scale.

Nearly 900 patients registered at the practice require an interpreter and over 3000 patients have a long term condition requiring an annual review.

The practice staff includes five GP partners (three male and two female), two salaried GPs (females) and two GP registrars carrying out a total of 52 sessions per week. There are also two female practice nurses carrying out 18 sessions per week, a health care assistant and a clinical pharmacist. There was one practice manager, and seventeen non-clinical staff members including reception staff, administrative staff and a care taker.

The practice is open from 8am to 6:30pm Monday to Friday and 9am to 1pm on Saturday (extended hours). Surgery times vary by practitioner but are generally between 8:30am and 6:30pm with a break between 11am and 3:30pm. Out of hours services are commissioned by the CCG and extended hours are provided by a local GP hub which consists of 10 practices including this one. This extended hours service is operated from Market Street Health Group on Saturdays.

Market Street Health Group is registered with the Care Quality Commission to provide the regulated activities of Surgical procedures, Maternity and midwifery services, Treatment of disease, disorder or injury and Diagnostics and screening procedures from one location.

Why we carried out this inspection

We undertook a comprehensive inspection of Market Street Health Group on 10 October 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection in October 2016 can be found by selecting the 'all reports' link for Market Street Health Group on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Market Street Health Group on 13 February 2018. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

Good

Are services safe?

Our findings

At our previous inspection on 10 October 2016 we rated the practice as requires improvement for providing safe services as the arrangements in respect of cleanliness and infection control and medicines management were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 13 February 2018. The practice is now rated as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. The practice now had a dedicated infection control nurse who had completed training for the role. There was a daily cleaning schedule which included clinical rooms, the waiting area and the patient toilets every three hours and a weekly deep clean of all rooms. The practice had recently replaced all the flooring in the clinical rooms and waiting area and there was a cleaning schedule of all clinical equipment.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- The practice had an effective system for receiving patient specimens, which included an updated policy and a system of alerting clinical staff when a specimen that required testing was delivered to the practice so they were aware and would test it at the end of their session.
- When there were changes to services or staff, this was discussed at a practice meeting and the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.

Good

Are services safe?

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGD's are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. The health care assistant was trained to administer vaccines and medicines and patient specific prescriptions or directions (PSD) from a prescriber were produced appropriately. PSD's are written instruction, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example we viewed a significant event about a document sent to the wrong patient. We saw that the duty of candour was followed and the patients received an apology. This was discussed at a practice meeting where administration staff were advised to double check all papers that are sent to patients and GPs would staple complete correspondence documentation together to prevent documents from being mixed up.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Good

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 10 October 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of Quality outcomes framework (QOF) exception reporting needed improving.

These arrangements had significantly improved when we undertook a follow up inspection on 13 February 2018. The practice is now rated as good for providing effective services.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice used technology to improve treatment and support patients' independence. For example the practice devised its own shared care plan templates for patients with diabetes, which looked holistically at the needs of patients and shared the plan with patients and other clinicians who were involved in the care of the patient.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older People

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- The practice held a dedicated monthly multidisciplinary meeting to discuss patients who were vulnerable.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- 66% of patients on the diabetes register had an IFCC HbA1c of 64mmol/mol or less in the preceding 12 months compared to the CCG average of 74% and the national average of 79%. There was an exception reporting rate of 8% which was the same as the CCG average and below the national average of 13%.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were between 84% and 91% which was in line with the target percentage of 90%.
- The practice gave pre-conception and antenatal advice.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 62%, compared to the CCG average of 64% and the 72% national coverage target for the national screening programme. The practice was working to improve this uptake by using interpreters to explain the process and the benefits, carrying out a screening campaign including posters in other languages and sending letters in patients' native tongue where possible.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

Good

Are services effective?

(for example, treatment is effective)

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- 94% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was above the CCG average of 85% and the national average of 84%. There was an exception reporting rate of 5.2% which was the same as the CCG and similar to the national average of 7%.
- 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had an agreed care plan documented in the record in the preceding 12 months compared to the CCG average of 89% and the national average of 90%. There was an exception reporting rate of 3% compared to the CCG average of 7% and the national average of 13%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 96%; CCG 92%; national 91%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 97%; CCG 97%; national 95%).

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example as a result of NICE guidelines which suggest that patients with hypertension should no longer be prescribed bendofluamethazide where possible due to increased health risks. The practice reviewed all their hypertensive patients who were being prescribed this medicine and found at first audit 134 patients. These patients were discussed at a practice meeting and reviewed with a GP and taken off the medicine where possible. The second audit showed that on 15 patients were now being prescribed this medicine.

The most recent published Quality Outcome Framework (QOF) results were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 97%. The overall exception reporting rate was 8% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate). The practice was not an outlier for any of the clinical domains measured.

- The practice used information about care and treatment to make improvements. The practice was aware that it had a low prevalence of chronic kidney disease (CKD) at 2.8%; it carried out a review of the read codes used to identify patients with CKD and carried out blood tests for patients who they thought may have CKD and they increased their prevalence by 0.5%.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

Good

Are services effective?

(for example, treatment is effective)

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- The practice carried out NHS health checks and had completed 736 in the preceding 12 months.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice discussed the process for seeking consent appropriately.