

Fencepiece Road Medical Centre

Quality Report

83 Fencepiece Road
Ilford
Essex
IG6 2NB

Tel: 020 8500 3526

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

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection 19 May 2016 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

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

We carried out an announced inspection at Fencepiece Road Medical Centre on 18 January 2018 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 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- The practice had good facilities 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 provider was aware of and complied with the requirements of the duty of candour.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

Summary of findings

The areas where the provider **should** make improvements are:

- Consider introducing a system to record the actions and outcomes of MHRA and patient safety alerts.
- Review how carers are identified and recorded on the clinical system to ensure information, advice and support is made available to them and more carers are identified.
- Consider ways in which the uptake for cervical screening can be increased so as to bring it in line with the 80% coverage target for the national screening programme.
- Review the results from the July 2017 annual national GP patient survey and consider ways in which patients' satisfaction as regards how they could access care and treatment could be increased so as to make it more comparable to national averages.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Fencepiece Road Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser.

Background to Fencepiece Road Medical Centre

Fencepiece Road Medical Centre is situated at 83 Fencepiece Road, Hainault, Ilford, IG6 2NB. The practice operates from a converted semi-detached residential property and is Disability Discrimination Act (DDA) compliant. For example, there is step-free access, an automatic door, accessible toilet and a dedicated disabled parking bay at the front of the surgery. The practice has access to three consulting rooms on the ground floor. The first floor is for staff only and is accessed via stairs.

The practice provides NHS primary care services to approximately 6,000 patients living in Hainault through a Personal Medical Services (PMS) contract (an alternative to the standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract). The practice is part of NHS Redbridge Clinical Commissioning Group (CCG) which consists of 46 GP practices.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures; treatment of disease; disorder or injury; maternity and midwifery services and family planning.

The practice provides a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract) including extended hours and learning disability health checks.

The practice staff comprises of two female GP partners (totalling 13 sessions per week), a male GP Partner (8 sessions per week), a female salaried GP (8 sessions), a locum practice nurse (25 hours per week), a phlebotomist (25 hours per week) a full time practice manager and four reception staff.

The practice reception and telephone lines are open from 8am and 6.30pm Monday to Friday.

Appointments are available from 8am to 12 noon and from 3pm to 6.30pm.

Extended surgery hours are offered on Tuesday and Friday from 6.30pm to 8pm.

When the surgery is closed, out-of-hours services are accessed through the local out of hours service or NHS 111. Patients can also access appointments through hub practices within Redbridge as part of the Prime Minister's Challenge Fund (the Challenge Fund was set up nationally in 2013 to stimulate innovative ways to improve access to primary care services).

Appointments can be booked online, some being available the next day. Urgent appointments are also available for patients who need them. The practice has opted out of providing an out-of-hours service. Patients telephoning when the practice is closed are transferred automatically to the local out-of-hours service provider.

Detailed findings

The practice had a lower percentage of patients aged over 65 years than the national average (10% compared to 17%), a comparable percentage of unemployed patients (5%) and a lower percentage of patients with a long standing health condition (44% compared to 54%).

The registered practice population is predominantly white (63%) with Black, Asian and Minority Ethnic groups making up the remaining 37%. Information published by Public

Health England rates the level of deprivation within the practice population group as six on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

A GP Partner is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Are services safe?

Our findings

We rated the practice as good for providing safe services overall and across all population groups.

Safety systems and processes

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

- 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. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff.
- 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. All clinicians were enhanced checked and non-clinicians were either enhanced or standard checked. (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. There was a lead GP responsible for safeguarding within the practice and staff were aware of who this was. Staff at all levels knew how to identify and report concerns and they told us that they were very aware of the need to report concerns.
- Clinicians were the only staff members who acted as Chaperones as non-clinicians had not yet received the appropriate training.
- There was an effective system to manage infection prevention and control.
- 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.

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.
- Minimum working levels for GPs were in place so that clinical rotas could be prepared further in advance. This ensured consistent clinical cover within the practice whilst allowing for flexibility for GPs to attend their other clinical commitments, professional interests and development.
- One of the GP Partners was currently on maternity leave and her six clinical sessions were covered by a locum GP.
- 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.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Reception staff knew to inform a clinician immediately if they felt a patient looked very unwell when presenting at the desk and had access to urgent care guidelines for patients who may be presenting with urgent symptoms such as chest pain.
- When there were changes to services or staff 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.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. This was done via a variety of regular meetings, including clinical meetings, Multi Disciplinary Team meetings and practice meetings.

Are services safe?

- Clinicians made appropriate and timely referrals in line with protocols and up to date evidence-based guidance. 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, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use. Uncollected prescriptions were reviewed each month and patients were followed up when this was necessary to make sure they had access to their prescribed medicines.
- 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.
- 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.
- The practice had a robust and safe process to ensure any patients being prescribed high-risk medicines were being monitored closely.
- 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.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation and a system for production of Patient Specific Directions (PSDs) was in place to enable Health Care Assistants to administer vaccinations, after specific training, and when a doctor or nurse were on the premises. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. PSDs are written

instructions 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).

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, monthly meetings of all staff were held, with significant events being a standing agenda item. We saw minutes of recent meetings confirming that significant events had been discussed. For example, in one instance a patient had been prescribed two similar sounding medications. This was discussed at a practice meeting and the staff were made aware of similar sounding medications. An apology was given to the patient.
- There was a system for receiving and acting on safety alerts. We were told that when medicines alerts were received by the practice manager they were forwarded to the relevant person, searches were undertaken to identify patients this might affect, and these were then followed up and reviewed accordingly. However, there was no system in place to evidence that alerts had been received or what action had been taken.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

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. Clinicians were able to describe examples of recent discussions held in relation to new or updated guidance, and we saw that this was used to inform the practice's audit programme

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. There was good use of individualised care planning with the wider health care team.
- We saw no evidence of discrimination when making care and treatment decisions.
- 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.
- 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. Those who are unable to attend the practice are provided with home visit consultations. The practice also worked closely with the Community treatment team ensuring that patients are seen in a timely manner and reducing the strain on the local secondary care services.
- 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.
- Most patients on polypharmacy have a medication review done every six months and are invited in for clinics where long term condition monitoring and reviews is carried out. Polypharmacy is the concurrent use of multiple medications by a patient.

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.

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 slightly below the target percentage of 90% or above. The practice was aware of this and although the turnover of patients was only 8%, a large proportion of these were children living in nearby social housing who were only at the practice for a short time. The practice was also aware of some coding issues when transferring new patient records electronically.
- Emergency contraception and family planning services were offered and the practice has been recognised by the Terence Higgins Trust as the highest achieving practice in the locality with regard to Chlamydia screening.
- The practice promoted the use of Gillick competency assessments and Fraser guidance was used to respect a young people's autonomy in making independent decisions about their care.

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

- The practice's uptake for cervical screening was 71%, which was comparable with the national average of 72% but below the 80% coverage target for the national screening programme. The practice felt that high patient turnover contributed to the uptake being below the 80% target. Nurse appointments are being made for people who fall within this cohort so that the advice can be given as to the reasons for the screening.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

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.
- Over 60% of patients are registered for on-line services and 70% of appointments are bookable online.
- Telephone appointment consultations are also available.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Longer appointments were offered for patients who were vulnerable and where access may be more challenging for them. An alert was used to flag patients who required additional support.

People experiencing poor mental health (including people with dementia):

- 81% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average of 84%.
- 95% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is above the national average of 90%.
- 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 97%; CCG 92%; national 91%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 99%; 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. The practice used information about care and treatment to make improvements and was actively involved in quality improvement activity which included clinical audits. There had been two clinical audits completed in the last one year and both were completed over two cycles. The improvements made were implemented and monitored. For example a two cycle audit was conducted in February 2016 to identify the number of type 2 diabetics not on insulin therapy, who have an individualised target HBA1C. The aim of the audit was to improve optimisation of medication by review of HBA1C, to use cost effective prescribing and improve quality of care for uncontrolled diabetics. Sixty six patients were identified and the youngest 10 were chosen to be sampled for data extrapolation. A recall programme was put into place and on the second audit cycle in February 2017, 50% were found to be properly controlled with optimised medication and individualised HBA1C targets. The remaining 50% will be the subject of a further audit cycle.

The most recent published Quality Outcome Framework (QOF) results were 96% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 95%. The overall exception reporting rate was 4% 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.)

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. Records of skills, qualifications and training were kept in individual files and there was a central record held for all mandatory training and updates that was accessed online.
- Staff were encouraged and given opportunities to develop.

Are services effective?

(for example, treatment is effective)

- 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.
- 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.

- 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.
- 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.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

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 a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice as good for providing caring services overall and across all population groups.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 42 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Three hundred and thirty five surveys were sent out and 101 were returned. This represented about 1.7% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 87% of patients who responded said the GP gave them enough time; CCG - 82%; national average - 86%.
- 95% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 94%; national average - 95%.
- 85% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 81%; national average - 86%.
- 84% of patients who responded said the nurse was good at listening to them; (CCG) - 84%; national average - 91%.
- 86% of patients who responded said the nurse gave them enough time; CCG - 84%; national average - 92%.

- 96% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 94%; national average - 97%.
- 89% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 83%; national average - 91%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers by asking new patients to complete a questionnaire to identify whether they required additional help or assistance. The practice's computer system then alerted GPs if a patient was also a carer. The practice had identified 37 patients as carers (0.6% of the practice list).

- Written information was available to direct carers to the various avenues of support available to them. In addition the practice made use of the social prescribing initiative by referring, where appropriate, for social care, benefit support, etc.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. 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 access bereavement counselling or find other support services.

Are services caring?

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:

- 89% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 83% and the national average of 86%.
- 84% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 78%; national average - 82%.

- 83% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 83%; national average - 90%.
- 84% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 78%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice as good for providing Responsive services overall and across all population groups.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. It offered extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- Same day appointments were available for children 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.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had baby changing facilities and a room for breast feeding.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. Home visits were offered whether the patient lived at home or

elsewhere in a care/nursing home. The GP also accommodated home visits for those who had difficulties getting to the practice due to limited mobility.

- In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Are services responsive to people's needs?

(for example, to feedback?)

- Assessments were carried out by clinicians and support was provided via social prescribing to avoid crisis situations being reached. For instance letters of support to social services, housing, foodbanks, etc. were offered.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led mental health and dementia clinic reviews. Patients who failed to attend were proactively followed up by a phone call from a GP.
- When reviewing discharge summaries, any patients attending A&E were contacted and offered a review at the practice.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. Three hundred and thirty five surveys were sent out and 101 were returned. This represented about 1.7% of the practice population.

- 71% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 70% and the national average of 76%.
- 61% of patients who responded said they could get through easily to the practice by phone; CCG – 51%; national average – 71%.

- 74% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG – 76%; national average – 84%.
- 67% of patients who responded said their last appointment was convenient; CCG – 68%; national average – 81%.
- 60% of patients who responded described their experience of making an appointment as good; CCG – 58%; national average – 73%.
- 52% of patients who responded said they don't normally have to wait too long to be seen; CCG – 43%; national average – 58%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Three complaints were received in the last year. We reviewed all three complaints but looked at one complaint in detail, and found that it had been acknowledged and thoroughly investigated in a timely way and with whole team involvement during discussion at a staff meeting. The complaint was dealt with in an open and transparent way and we saw evidence of it being resolved from the patients perspective. We reviewed all three complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.
- Practice surveys and feedback from patients completing the Friends and Family Test resulted in changes being made to extended opening times, promotion of online services, introduction of telephone triage services and a glass partition being put in the reception area to improve confidentiality and security.

Are services well-led?

Good 

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

Our findings

We rated the practice as good for providing a well-led service overall and across all population group.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it. Clinical leadership was directed by GPs undertaking specific lead responsibilities such as prescribing, QOF and safeguarding.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- The practice had a mission statement and staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.

- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff had received annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams. All staff we spoke with told us that they enjoyed working at the practice.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Are services well-led?

Good 

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

- Regular meetings were held. These included clinical meetings, multi disciplinary team meetings, whole practice meetings and palliative care meetings. We saw minutes and agendas to evidence these meetings taking place.
- A programme of continuous clinical and internal audit was used to monitor quality and to drive quality improvements.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions.
- Although Practice leaders had oversight of incidents, complaints and MHRA alerts, there was no process or log in place to record what action was taken in respect of the alerts. We were shown paper copies of recent alerts and were told that they had been discussed at practice meetings.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.

- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- There was an active patient participation group. We spoke with a thirteen members of the PPG who informed us that the PPG had regular meetings with practice representatives, including a GP partner and the practice manager. The PPG representatives told us that the group was treated respectfully and was listened to by the practice. The practice was open with them when things had gone wrong and that they were consulted on issues that impacted upon patients.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice.
- The practice is a pilot practice within the Redbridge CCG area and offers HIV testing to both their registered patients and new patient population.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The practice has also been offering complimentary mindfulness sessions for their patients. These sessions help those living with stress, illness, and pain to live happier and healthier lives.
- They are also currently exploring initiatives to provide personal training services at the practice exclusively for

Are services well-led?

Good 

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their patients. This is because there is a local exercise on prescription service which has strict criterion and does not accommodate the vast majority of their patients who might benefit from such a service.