

Seven Kings Practice

Quality Report

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Website: [www.nhs.uk/Services/GP/Overview/](http://www.nhs.uk/Services/GP/Overview/DefaultView.aspx?id=45217)

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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



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Seven Kings Practice on 6 December 2016. The overall rating for the practice was good. Within that overall rating the practice was rated as requires improvement for providing safe services. This was because we had concerns about systems in place to hold and monitor supplies of emergency medicines. We also asked the practice to review arrangements around repeat prescribing, to develop a quality improvement programme which identified where practice specific improvements could be made and to review the complaints system to ensure that complaints made verbally were effectively recorded and used to improve care.

The full comprehensive report on the December 2016 inspection can be found by selecting the 'all reports' link for Seven Kings Practice on our website at www.cqc.org.uk/location/1-564529110.

This inspection was an announced focused inspection carried out on 5 September 2017 to confirm that the practice had carried out their plan to bring about improvements in the areas identified in our previous inspection on 6 December 2016. This report covers our

findings in relation to improvements made since our last inspection. We found that the practice had taken appropriate action to bring about improvements relating to providing a safe service.

We have revised the rating in safe to good. Overall the practice is still rated as good.

Our key findings were as follows:

- The practice had put systems in place to monitor supplies of emergency medicines and maintained records to demonstrate this was happening. Emergency medicines held at the practice reflected the regulated activities undertaken at the practice.
- The practice had introduced a protocol to manage repeat prescriptions, including steps to undertake earlier reviews of uncollected prescriptions.
- The practice was able to provide evidence of a quality improvement programme, including clinical audits, which identifies where practice specific improvements could be made.
- The practice had reviewed the complaints system and had put a process in place to ensure that all complaints, including those made verbally were effectively recorded and used to improve care.

Summary of findings

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?

At our previous inspection, we rated the practice as requires improvement for providing safe services because although most risks to patients were assessed and well managed, on the day of the inspection, the only emergency medicine available at the practice was adrenalin. We also had concerns around the management of repeat prescribing, in particular, arrangements to monitor prescriptions awaiting collection.

At this inspection, we found that improvements had been made and the practice is now rated as good for providing safe services.

- On the day of the December 2016 inspection, the practice had reviewed arrangements for managing medicines, including emergency medicines in the practice and had assessed which emergency medicines were appropriate for the regulated activities carried out at the practice.
- A suitable range of emergency medicines had been delivered to the practice within three days of the December 2016 inspection.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had introduced a protocol to manage repeat prescriptions, including steps to undertake earlier reviews of uncollected prescriptions.
- Prescriptions for controlled drugs which were awaiting collection were stored separately and we saw records which that these prescriptions were checked fortnightly by the lead GP.

Good



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

The practice is rated as good for the care of older people. The rating was given following the comprehensive inspection in December 2016. The full comprehensive report on the December 2016 inspection can be found by selecting the 'all reports' link for Seven Kings Practice on our website at www.cqc.org.uk/location/1-564529110.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The rating was given following the comprehensive inspection in December 2016. The full comprehensive report on the December 2016 inspection can be found by selecting the 'all reports' link for Seven Kings Practice on our website at www.cqc.org.uk/location/1-564529110.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. The rating was given following the comprehensive inspection in December 2016. The full comprehensive report on the December 2016 inspection can be found by selecting the 'all reports' link for Seven Kings Practice on our website at www.cqc.org.uk/location/1-564529110.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students). The rating was given following the comprehensive inspection in December 2016. The full comprehensive report on the December 2016 inspection can be found by selecting the 'all reports' link for Seven Kings Practice on our website at www.cqc.org.uk/location/1-564529110.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The rating was given following the comprehensive inspection in December 2016. The full comprehensive report on the December 2016 inspection can be found by selecting the 'all reports' link for Seven Kings Practice on our website at www.cqc.org.uk/location/1-564529110.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The rating was given following the comprehensive inspection in December 2016. The full comprehensive report on the December 2016 inspection can be found by selecting the 'all reports' link for Seven Kings Practice on our website at www.cqc.org.uk/location/1-564529110.

Good



Seven Kings Practice

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.

Background to Seven Kings Practice

Seven Kings Practice provides GP primary care services to approximately 3,800 people living in Seven Kings, London Borough of Redbridge. The practice has a General Medical Services (GMS) contract for providing general practice services to the local population. General Medical Services (GMS) contract is the contract between general practices and NHS England for delivering primary care services to local communities.

Information published by Public Health England rates the level of deprivation within the practice population group as five on a scale of one to ten. Level one represents the very highest levels of deprivation and level ten the lowest. This information also shows that Income Deprivation Affecting Older People (IDAOPI) is 27% which is above the CCG average of 21% and the national average of 16%. Income Deprivation Affecting Children (IDACI) is 23% (CCG average 19%, national average 20%).

There are currently two GP partners, one male and one female, both of whom are full time. There is one part time salaried GP. The practice provides a total of 18 GP sessions per week.

The clinical team is completed by a practice nurse who works part time. There is also a practice manager, an assistant practice manager and six administrative and reception staff.

The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures and treatment of disease, disorder or injury.

The practice is located in a purpose built health centre. Although consulting rooms are located on the second floor, there is a street level access from the front aspect of the building. .

The practice opening hours for the surgery are:

Monday 8:30am to 6:30pm

Tuesday 8:30am to 6:30pm

Wednesday 8:30am to 6:30pm

Thursday 8:30am to 12:00pm

Friday 8:30am to 6:30pm

Saturday Closed

Sunday Closed

Practice patients also have access to bookable appointments at a local hub service between 6:30pm and 10:00pm every day and between 8:00am and 8:00pm on Saturdays and Sundays. When the practice is closed, the practice has arranged for patients to access an out-of-hours provider.

Patients can book appointments in person, on-line or by telephone. Patients can access a range of appointments with the GPs and nurses. Face to face appointments are available on the day and are also bookable up to four weeks in advance. Telephone consultations are offered where advice and prescriptions, if appropriate, can be

Detailed findings

issued and a telephone triage system is in operation where a patient's condition is assessed and clinical advice given. Home visits are offered to patients whose condition means they cannot visit the practice.

The practice has opted not to provide out of hours services (OOH) to patients and these are provided on the practice's behalf by The Partnership of East London Co-operatives (PELC). The details of the how to access the OOH service are communicated in a recorded message accessed by calling the practice when it is closed and details can also be found on the practice website.

The practice was inspected in September 2013 using our previous inspection methodology and was found to be meeting the required standards in place at the time.

Why we carried out this inspection

We undertook a comprehensive inspection of Seven Kings Practice on 6 December 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall and

requires improvement in safe. The full comprehensive report following the inspection on Month Year can be found by selecting the 'all reports' link for Seven Kings Practice on our website at www.cqc.org.uk/location/1-564529110.

We undertook a follow up focused inspection of Seven Kings Practice on 5 September 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care.

How we carried out this inspection

During our visit we:

- Spoke with a range of staff (one GP partner, practice manager, practice nurse and two administrative staff).
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Looked at information the practice used to deliver care and treatment plans.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection on 6 December 2017, we rated the practice as requires improvement because we had concerns about systems in place to hold and monitor supplies of emergency medicines. We also asked the practice to review arrangements for managing repeat prescriptions and in particular, steps to undertake earlier reviews of uncollected prescriptions.

These arrangements had significantly improved when we undertook a follow up inspection on 5 September 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

When we inspected in December 2016, we noted that checks on prescriptions awaiting collection were not always thorough. For instance, we saw multiple prescriptions for an opioid pain medication for one patient which meant there was a risk that the patient could have been dispensed more of the medicine at one time than the GP had intended to prescribe. (Opioid medicines are used to treat moderate to moderately severe pain).

At this inspection, we found that arrangements for managing repeat prescriptions had improved.

- The practice had reviewed its protocol for managing prescriptions awaiting collection and had included a step to ensure that these were reviewed monthly. The revised protocol had been discussed with staff and staff we spoke with told us they would alert a GP when a prescription had not been collected within four weeks of

the date of issue. We reviewed all prescriptions awaiting collection on the day of the inspection and noted that all of these had been issued within the previous four weeks.

- Prescriptions for controlled drugs were stored separately and these were reviewed every two weeks by a GP. We saw records demonstrating that these checks were being carried out according to the practice protocol.

Arrangements to deal with emergencies and major incidents

When we inspected in December 2016, we found that although most risks to patients were assessed and well managed, on the day of the inspection, the only emergency medicine available at the practice was adrenalin. On the same day as the inspection, the practice had undertaken a review of the need to hold supplies of emergency medicines and had taken into consideration, the regulated activities carried out at the practice and the profile of the practice population. The practice had arranged for an appropriate range of emergency medicines to be delivered to the practice within three days of the December 2016 inspection. However, we were unable to assess whether these were stored in a suitable location or if practice had suitable systems in place to ensure that these would be monitored regularly.

At this inspection, we noted that the practice held an appropriate range of emergency medicines. These were easily accessible to staff in a secure area of the practice and all staff knew of their location. We noted that the practice had arrangements in place to monitor emergency medicines regularly to ensure they were suitable for use when required. All the medicines we checked were in date and stored securely.