

# Gants Hill Medical Centre

## Quality Report

63-65 Ethelbert Gardens  
Ilford  
IG2 6UW  
Tel: 020 8550 3740  
Website: Not available

Date of inspection visit: 17 November 2016  
Date of publication: 16/01/2017

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

## Ratings

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

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10

### Detailed findings from this inspection

Our inspection team	11
Background to Gants Hill Medical Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Gants Hill Medical Centre on 17 November 2016.

Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- 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.

We saw one area of outstanding practice. The practice had worked with the Patient Participation Group (PPG) to hold a health awareness and promotion event in a local community hall. GPs from the practice had taken lead roles on the day and staff from the practice had provided information and advice to visitors. This event was open to the public, was attended by a range of community health and support organisations including Age UK, Diabetes UK, Healthwatch, Macmillan Cancer Support and the British Heart Foundation, each of whom provided a stall and personnel to talk to visitors. The event was promoted by the PPG and the practice and was attended by approximately 200 members of the public.

# Summary of findings

The areas where the provider should make improvement are:

- Continue to review patient satisfaction around telephone access and overall patient recommendation and take steps to assess the impact of recent changes.

**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?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average 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 other health care professionals to understand and meet the range and complexity of patients' needs.
- There was a failsafe process in place to follow up urgent suspected cancer diagnosis referrals. This was to ensure that patients received and attended appointments within recommended timescales.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care.

Good



# Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice had a system in place to identify and support carers.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For instance the practice had a high number of patients who worked during the week and had provided an additional GP session on Saturday mornings to make it easier for these patients to see a GP.
- Approximately 7% of the practice population had been diagnosed with diabetes and the practice had supported the practice nurse to qualify as a diabetes specialist nurse who could undertake insulin initiation at the practice. This meant that patients newly diagnosed with diabetes did not have to travel to specialist clinics to commence treatment.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had worked with the Patient Participation Group (PPG) to hold a health awareness and promotion event in a local community hall. Guest speakers from a range of community health providers and support organisations had been arranged and the event had been attended by approximately 200 people.

Good



## Are services well-led?

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

Good



# Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels. For instance, the practice was involved in a local pilot scheme to improve access to specialist cardiology advice via teleconferencing appointments.

# 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 practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Specific services were offered to reduce unnecessary referrals to hospitals and community services via on-site phlebotomy, extended hours and weekend hub cover.
- There were arrangements in place with local pharmacists enabling home delivery of medicines and electronic prescribing as necessary.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators were comparable to CCG averages but below the national average. For instance, 70% of patients had well controlled blood sugar levels (CCG average of 70%, national average 78%). The exception reporting rate for this indicator was 9% (CCG average 8%, national average 12%).
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



# Summary of findings

- 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. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 74%, which was comparable to the CCG average of 78% but below the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

## **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 needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Extended opening hours were provided on a Saturday morning for patients who found it difficult to attend during normal office hours.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

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 practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



# Summary of findings

- 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.

## **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).

- Performance for mental health related indicators was above the national average. For example, 95% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record compared to the CCG average of 89% and national average of 88%. The exception reporting rate for this indicator was 11% (CCG average 6%, national average 13%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

**Good**



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Three hundred and twenty four survey forms were distributed and 103 were returned. This represented 1% of the practice's patient list.

- 44% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 60% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 65% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 55% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards which all included positive comments about the standard of care received. People said staff were kind, caring and helpful. However, eight cards also included comments about long delays during clinics and six included comments about difficulties accessing appointments.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

# Gants Hill Medical Centre

## 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 and a practice manager specialist adviser.

## Background to Gants Hill Medical Centre

Gants Hill Medical Centre provides GP primary care services to approximately 8,200 people living in Gants Hill, 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 seven 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 (IDAOP) is 22% which is comparable to the CCG average of 21% and the national average of 16%. Income Deprivation Affecting Children (IDACI) is 14% (CCG average 19%, national average 20%).

There are currently two GP partners, one male and one female, both of whom are full time. There are two part time salaried GPs, one male and one female and three long term locum GPs, two male and one female. The practice provides a total of 33 GP sessions per week. The practice also hosts a psychological therapist.

The clinical team is completed by a practice nurse and a health care assistant, both of whom work part time. The health care assistant is also trained as a phlebotomist (Phlebotomists are specialist healthcare assistants who take blood samples from patients for testing in laboratories). There are also two practice managers, both of whom work part time, ten administrative and reception staff and one cleaner.

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

The practice is located in a two storey former residential building. Consulting rooms are located on two floors. Patients unable to access the second floor are accommodated on the ground floor.

The practice opening hours for the surgery are:

Monday 8am to 7pm

Tuesday 8am to 6:30pm

Wednesday 8am to 6:30pm

Thursday 8am to 6:30pm

Friday 8am to 7pm

Saturday 9am to 12pm

Sunday Closed

Appointments are available between 9am and 7pm on Mondays and Fridays, 9am and 6pm on Tuesdays, Wednesdays and Thursdays and 9am and 12pm on Saturdays. 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

# Detailed findings

bookable up to four weeks in advance. Telephone consultations are offered where advice and prescriptions, if appropriate, can be 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 were provided on the practice's behalf by a nominated provider. 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 had not previously been inspected.

## Why we carried out this inspection

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.

## 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 17 November 2016. During our visit we:

- Spoke with a range of staff including GPs, practice manager, practice nurse, health care associate and members of the administration and reception teams and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public 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.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective 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 incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. The practice had recorded six significant event in the previous 12 months. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw a record of an occasion when the two fridges used to store vaccines had had simultaneous interruption of power supply over a weekend when the practice was closed. The issue had been identified immediately the practice opened the following week and staff had sought advice from NHS England and had followed the correct procedure to manage the medicines affected. The practice had also commissioned an electrical survey of the building and following this, reviewed the arrangements for storing vaccines. The practice had subsequently moved one of the fridges to a room which was connected to a different electrical circuit to minimise the possibility of the incident happening again.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs, practice nurse and health care assistant were trained to child protection or child safeguarding level 3. All other staff were trained to level 1.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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 maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken. We looked at the most recent audit and we saw evidence that action was taken to address any improvements identified as a result. For instance, the practice had purchased plastic covers for all computer keyboards and these were used by all staff.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk 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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Every

## Are services safe?

consulting room had a wall mounted lockable safe and blank prescriptions were placed in these whenever the practice was closed. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (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). Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription (PSDs) or direction from a prescriber. (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).

- We reviewed seven personnel files 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.

### Monitoring risks to patients

Risks to patients 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 and infection control and legionella (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 all the different staffing groups to ensure enough staff were on duty.

### 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 and there were emergency medicines available.
- 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. We saw that the practice had a process in place to ensure emergency equipment was regularly checked.
- Emergency medicines were stored in a consulting room which meant that although staff knew of their location, there was a possibility of delays accessing these medicines in an emergency. We discussed this with the practice who undertook an immediate risk assessment. Arrangements were put in place to relocate emergency medicines to an area which was accessible at all times when the practice was open. We were shown evidence that these arrangements had been followed through a week after our inspection. All the medicines we checked were in date and stored securely.
- 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, utility companies and key organisations. The plan which was updated regularly, also included details of a 'buddy' practice and a copy had been provided to every member of staff.

# 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 patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### 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 93% of the total number of points available

This practice was not an outlier for any QOF (or other national) clinical targets. However, the practice exception reporting rate for one clinical indicator relating to dementia was significantly higher than local and national averages. Data from 2014/2015 showed that 30% of patients diagnosed with dementia had been exception reported for the purposes of having a care plan in the record, compared to the local CCG of 10% and national average of 8%. The practice explained that this high rate was caused by a misunderstanding of how to record care plans of residents at a local nursing home for which the practice provided GP services. Staff had been trained in the correct procedure and we noted that the exception reporting rate for this indicator was 6% for 2015/2016. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2014/2015 showed:

- Performance for diabetes related indicators were comparable to CCG averages but below the national average. For instance, 70% of patients had well controlled blood sugar levels (CCG average of 70%, national average 78%). The exception reporting rate for this indicator was 9% (CCG average 8%, national average 12%). The percentage of patients on the diabetes register, with a record of a foot examination within the preceding 12 months was 76% (CCG average 83%, national average 88%). The exception reporting rate for this indicator was 12% (CCG average 3%, national average 9%).
- Performance for mental health related indicators was comparable to the national average. For example, 95% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record compared to the CCG average of 89% and national average of 88%. The exception reporting rate for this indicator was 11% (CCG average 6%, national average 13%).
- 83% of patients with hypertension had well controlled blood pressure compared to the CCG average of 82% and the national average of 84%. The exception reporting rate for this indicator was 3% (CCG average 4%, national average 4%).
- Outcomes for patients with asthma were comparable to CCG and national averages. For instance, 70% had had an asthma review in the preceding 12 months using a nationally recognised assessment tool compared to the CCG average of 76% and the national average of 75%. The exception reporting rate for this indicator was 8% (CCG average 3%, national average 8%).

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services.

Information about patients' outcomes was used to make improvements. For example, the practice had undertaken a two cycle audit of end of life care at the practice. During the first cycle, the practice had identified that 11% of patients

# Are services effective?

## (for example, treatment is effective)

on the palliative register had a discussion recorded regarding their resuscitation status, entered in a care plan. The practice had arranged training on end of life care and this had been undertaken by all members of staff. A second audit cycle was undertaken six months later which showed that 42% of patients on the palliative register had a discussion recorded regarding their resuscitation status, entered in a care plan.

### 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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We saw examples of completed induction templates on staff records which showed the induction programme had been followed.
- 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 vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- 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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### 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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- There was a failsafe process in place to follow up urgent suspected cancer diagnosis referrals. This was to ensure that patients received appointments within two weeks and patients who did not attend these appointments were contacted and encouraged to attend re-arranged appointments.

Staff worked together and with other health and social care professionals 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. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### 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, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

# Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 74%, which was lower than the CCG average of 79% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. 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. We asked the practice about plans to improve the uptake rates for health screening programmes and were told that

an assistant practice manager had recently been recruited. This assistant practice manager's duties included working to increase awareness of, and participation in screening programmes.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and uptake rates for these programmes were comparable to local averages but lower than national averages. For instance, the uptake rate for bowel screening was 49% (CCG average 48%, national average 58%) whilst for breast screening, the uptake rate was 65% (CCG average 68, national average 72%).

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85% to 92% and five year olds from 79% to 94%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when 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 included positive comments about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. However eight cards also included comments about long delays during clinical sessions and difficulties accessing appointments. The practice told us they were aware that patients sometimes experienced longer waiting times for appointments and this had been discussed in practice meetings and clinicians had agreed to review their own time management during clinics. We were also told that receptionists had been reminded to consider whether patients who needed double appointments were being offered these consistently and to ensure that patients were told when appointments were running late.

We spoke with six members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was lower than average for some of its satisfaction scores on consultations with GPs and nurses. For example:

- 78% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 75% of patients said the GP gave them enough time. (CCG average 82%, national average 87%).
- 92% of patients said they had confidence and trust in the last GP they saw. (CCG average 93%, national average 95%).
- 73% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful (CCG average 78%, national average 87%).

The practice had discussed the results from the survey and had developed an action plan to improve areas where concerns had been noted. For instance, GPs had reviewed consulting styles and had identified that time management was sometimes an issue. GPs told us they were now recapping conversations with patients to demonstrate attentiveness as well as identifying more patients whose conditions meant they might need longer appointments.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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. For example:

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.

## Are services caring?

- 71% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 86% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 90%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice had subsequently engaged with the PPG to undertake a follow-up survey using the same questions asked during the national survey. This had received 81 responses compared to 103 received for the national survey and responses had indicated that the actions taken by the surgery had begun to have an impact. For instance, in the follow-up survey, 90% of patients said they thought GPs were good at listening to them whilst 91% said the last GP they saw was good at explaining tests and treatments.

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

- Staff told us that interpreter services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. The practice also had in-house language skills in a range of locally prevalent languages including Hindi, Gujarati, Urdu, Punjabi, Bengali and Turkish.
- Information leaflets were available in easy read format.

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 79 patients as carers (less than 1% of the practice list). We asked the practice about the process used to identify carers and were told that whilst staff and clinicians often knew which patients were carers, this information had not always been added to the computer system. We were told that this would be reviewed and within one week we were provided with a report from the practice computer system which showed that the number of patients who were also carers had increased from 79 to 209. This represented 3% of the practice list. Patients who were also carers were offered seasonal flu vaccinations, and annual health checks and could be referred to the local integrated care management team where this was helpful. 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 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 find a support service.

# 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.

- The practice offered extended opening hours on a Monday and Friday evening until 7pm and Saturday mornings between 9am and 12pm for working patients who could not attend during normal opening hours.
- Approximately 7% of the practice population had been diagnosed with diabetes and the practice had supported the practice nurse to qualify as a diabetes specialist nurse who could undertake insulin initiation at the practice. This meant that patients newly diagnosed with diabetes did not have to travel to specialist clinics to commence treatment.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- 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 interpreter services available.
- The practice hosted a psychological counsellor at the practice which meant that patients who were referred to this service did not have to go outside the area to attend appointments.
- The practice had supported the health care assistant to train as a phlebotomist so that patients who required blood tests could have samples taken at the surgery.
- The practice was involved in a local pilot scheme to improve access to specialist cardiology advice via teleconferencing appointments.
- The practice provided GP services at a local nursing home which provided nursing and residential services with two separate units providing care for patients diagnosed with dementia. Residents at the home which could accommodate over ninety people, came

exclusively from the Jewish faith and the practice ensured that services were delivered in a way which reflected the needs of the residents. For instance, although a routine ward round was undertaken on Wednesdays, doctors would frequently visit on a Friday also so that patients who needed extra support over a weekend were not disturbed on the Sabbath. Staff from the home told us that GPs were contactable twenty four hours a day and this was appreciated by patients and their families especially those whose relatives were approaching end of life.

- Staff at the nursing home at which the practice provided GP services had been provided with rescue packs to issue to named patients diagnosed with COPD as well as prophylactic packs for named patients prone to urinary tract infections. Staff had been trained in their use and would inform the practice when medicines had been taken by patients so that records could be updated. The practice had also worked with the management at the home to review avoidable hospital admissions and had provided training to night staff to reduce unnecessary hospital admissions.

The practice had worked with the Patient Participation Group (PPG) to hold a health awareness and promotion event in a local community hall. GPs from the practice had taken lead roles on the day and staff from the practice had provided information and advice to visitors. This event was open to the public, was attended by a range of community health and support organisations including Age UK, Diabetes UK, Healthwatch, Macmillan Cancer Support and the British Heart Foundation, each of whom provided a stall and personnel to talk to visitors. The event was promoted by the PPG and the practice and was attended by approximately 200 members of the public.

### Access to the service

The practice opening hours for the surgery were:

Monday 8am to 7pm

Tuesday 8am to 6:30pm

Wednesday 8am to 6:30pm

Thursday 8am to 6:30pm

Friday 8am to 7pm

Saturday 9am to 12pm

Sunday Closed

# Are services responsive to people's needs?

(for example, to feedback?)

Extended hours appointments were offered on Monday and Friday evenings until 7pm and every Saturday morning between 9am and 12pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with practice opening hours was comparable to local and national averages but patients were less satisfied with telephone access to the practice.

- 72% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 44% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The practice were aware of the low satisfaction score for telephone access and had discussed this in a practice meeting and had sought the input of the patient participation group. An action plan had been developed and implemented and this had involved recruiting an additional member of staff to the reception team and increasing the number of telephone lines available from two to four whilst restricting the additional lines to incoming calls only. The impact of these actions had not yet been measured.

People told us on the day of the inspection that they were able to get appointments when they needed them.

## 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.

The practice had received seven complaints in the last 12 months. We looked at three of these and found they had been managed in line with the published complaints procedure. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, one complaint we looked was from a patient whose notes were not available when they asked to see them. The practice had investigated the matter and had identified that the notes had not been forwarded by the patient's previous practice. The matter was resolved quickly, the patient had received a full apology and the practice had appointed one member of staff as 'patient record lead' to ensure that records for all newly registered patients were successfully transferred within a set timescale.

# 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 had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The practice nurtured a meaningful relationship with the patient participation group (PPG) and had supported members of the group to take lead positions in the Redbridge CCG Forum, a patient led consultative group created by the local CCG.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the PPG and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had taken a role in analysing the results of the national GP survey and had been instrumental in developing an action plan to improve patient satisfaction with the telephone system at the practice.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

# Are services well-led?

Good 

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

they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example,

the practice was involved in a local pilot scheme to improve access to specialist cardiology advice via teleconferencing appointments and the practice had been contacted for advice by Redbridge Memory Services, having been recognised as one of the highest performing practices for diagnosing dementia in the area. (Redbridge Memory Services is a specialist team within the North East London Foundation Trust (NELFT) who undertake assessment, diagnosis, treatment and therapeutic activities for patients experiencing memory loss and dementia).