

# The Forest Edge Practice

## Quality Report

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

### Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	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 The Forest Edge Practice on 14 April 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.

The areas where the provider should make improvement are:

- Consider further ways of meeting the needs of patients with long term conditions given the comparatively high exception reporting rates in some clinical domains.
- Staff demonstrated understanding of the consent and decision-making requirements of the Mental Capacity Act 2005, however they had not received formal training.

# Summary of findings

- The practice recognised carers' needs and supported them; however less than one per cent of the practice list had been formally identified as a carer: census data indicates 10% of patients on a GP practice list are carers.
- Consider installing an induction loop to improve access to the service by people who use a hearing aid.

**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.

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 higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- 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.

Good



# Summary of findings

## 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.
- 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.

Good



## Are services well-led?

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

- 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.

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 practice offered proactive, personalised care to meet the needs of the older people in its population, including longer appointments for people aged over 75 years.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice was developing the role of Nurse Adviser for the Elderly to provide additional support and regular contact with older patients who needed this.
- There were phlebotomy sessions at the practice for patients aged over 75 years and others who needed this.
- Medicines were prescribed in dossett boxes where this helped the patient with taking their medicines.

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 against indicators for diabetes care was in line with local and national averages. There was an experienced diabetes nurse and one of the GPs had a special interest in diabetes. The practice held a dedicated diabetes clinic and provided insulin initiation.
- The practice also had nurses experienced in asthma and COPD, and offered spirometry.
- 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.
- The percentage of eligible women who had a cervical screening test performed in the preceding five years was 82% which was the same as the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with health visitors.

## **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.
- 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 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.
- 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.

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).

- 86% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average than the national average of 84%.
- The practice's patient outcomes for mental health indicators compared well with national averages. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses:
  - Who have a comprehensive agreed care plan documented in the record in the preceding 12 months was 91%
  - Whose alcohol consumption has been recorded in the preceding 12 month was 92% (England 90%).
- The practice regularly worked with other health and care providers 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.
- 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 published in January 2016 showed the practice was performing in line with national averages. Three hundred and seventeen survey forms were distributed and 119 were returned. This gave a response rate of 37.5% and represented one per cent of the practice's patient list.

- 62% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried, national average of 76%.
- 84% of patients described the overall experience of this GP practice as good, national average 85%.
- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area, 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 34 comment cards which were all positive

about the standard of care received. Doctors, nurses and reception staff were described as caring and helpful. Patients said they were treated with dignity and respect and were listened to, and that the environment was safe and hygienic. Three patients added it was difficult to get through to the practice by phone, and two were concerned that they may have to wait more than one week for a doctor's appointment. Three other patients added that they could always get an emergency appointment when they needed one or that they received treatment that was timely. One patient added that a GP had visited them at home at short notice when they had needed this.

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

One hundred per cent of respondents to the Friends and Family Test recommended this practice (based on 13 responses).

# The Forest Edge Practice

## 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 The Forest Edge Practice

The Forest Edge Practice is located in Chigwell in north east London. It is one of the 47 member GP practices in the NHS Redbridge Clinical Commissioning Group (CCG).

The practice is located in the fifth more deprived decile of areas in England. Its catchment area however includes parts of Hainault, which is in the second more deprived decile, as well as Chigwell. Census data shows 14% of the local population does not speak English as their main language. At 79 years, male life expectancy is equal to the England average and at 84 years, female life expectancy is higher than the England average of 83 years.

The practice has approximately 11,000 registered patients. The practice age distribution is similar to that of the England average. Services are provided by The Forest Edge Practice GP partnership under a General Medical Services (GMS) contract with NHS England. The partnership is made up for four GPs.

The practice is in purpose built health care premises which the provider does not own and facilities services are managed by an external company. On street parking is available nearby including disabled parking spaces. There are eight consulting rooms and one treatment room. The premises and facilities are wheelchair accessible. The practice shares the premises with community services

including, for example, dietetics, physiotherapy, Integrated Care Management, and MacMillan Support Services. The practice builds on this close proximity with these services, for example to provide joined up care to patients receiving end of life treatment.

The four partners together with one salaried GP provide the equivalent of 4.2 whole time GPs. There are four female GPs and one male GP. There are three part time practice nurses, a part time advisor for the elderly and a part time healthcare assistant. There is a team of reception, administrative and secretarial staff and a practice manager. One of the receptionists is also a trained phlebotomist.

The practice is an accredited GP training and teaching practice, and two of the GP partners are approved trainers. There are two GP in training doctors attached to the practice at the time of our visit. Locum GP cover is provided by GPs who completed their training at the practice, or by one of the partners when required, to sustain continuity of care.

The practice's opening times are:

- 8.30am to 6.30pm on Monday, Tuesday, Wednesday and Friday.
- 8.30am to 2.00pm on Tuesday to Friday.

Patients are directed to an out of hours GP service outside these times.

Appointments are available at the following times:

- 8.30am to 11.30pm and 2.00pm to 6.30pm on Monday and Tuesday.
- 8.30am to 11.30pm and 4.00pm to 6.30pm on Wednesday and Friday.
- 8.30am to 11.30pm and 1.30pm to 4.30pm on Thursday.
- 9.00am to 11.30am on Saturday (extended hours).

# Detailed findings

Appointments are also available at other local practices during the evening and at weekends under GP federation hub arrangements in Redbridge.

The Forest Edge Practice is registered with the Care Quality Commission to carry on the following regulated activities at Hainault Health Centre, Manford Way, Chigwell, Essex IG7 4DF: Diagnostic and screening procedures, Family planning, Maternity and midwifery services, Surgical procedures and Treatment of disease, disorder or injury.

## 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.

We have not inspected this service before.

## 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 14 April 2016.

During our visit we:

- Spoke with a range of staff (GP, practice manager, nursing and non clinical staff) and spoke with patients who used the service.

- Observed how patients were being cared for and talked with carers and/or family members
- 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 incident reports and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had reviewed its protocol for confirming the hospital had received a two-week-wait referral after a patient reported they had heard nothing from the hospital.

### 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 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 were trained to child protection or child safeguarding level 3 and nursing staff to level 2. Non clinical 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 health care assistant was the infection control lead. They had received relevant training and were supported in their role by the provider and the facilities services manager. There was an infection control protocol in place and staff had received up to date training. An infection control audit had last been undertaken in January 2016 and we saw evidence that action was taken to address any improvements identified as a result.
- 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. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed one personnel file and found appropriate recruitment checks had been undertaken prior to employment, for example employment history, proof of identification, references and the appropriate checks through the Disclosure and Barring Service (DBS). The practice had reviewed its policy on eligibility for DBS

## Are services safe?

checks for staff depending on their roles and responsibilities of the job and had implemented changes accordingly, for example it had completed DBS checks for some long-standing members of clinical staff.

### 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 back office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills, organised by the facilities services management company. 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.

- The building had a panic alarm system so that staff could be alerted to any emergency to provide help.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and 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.

# 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 guidelines were followed through attendance at CCG locality meetings and learning events, audits, regular clinical and nurses meetings at the practice, and a more informal catch-up session every day.

### 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 100% of the total number of points available. Exception reporting was higher than local and national averages for a number of clinical domains, including Atrial fibrillation (practice 22%, CCG 11%, England 11%), COPD (practice 30%, CCG 10%, England 12%), and Diabetes mellitus (practice 17%, CCG 8%, England 11%). (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. The practice's recall systems were robust and the provider told us they followed the standard criteria for exception reporting.

This practice was not an outlier for any QOF clinical targets. Data from 2014-15 showed:

- Performance for diabetes related indicators was comparable to national averages, for example the percentage of people with diabetes:

- In whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months was 85% (national average 78%) (This is a measure of the patient's blood sugar level).
- In whom the last blood pressure reading within the preceding 12 months is 140/80 mmHg or less was 82% (national average 78%).
- Who have had influenza immunisation in the preceding 1 August to 31 March was 96% (national average 94%).
- Performance for mental health related indicators was comparable to the national average, for example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 91% (national average 88%).

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits carried out in the 12 months. One of these was a completed audit where the improvements made were implemented and monitored. It concerned a review of patients being prescribed eight or more medicines and who also had, for example, two or more unplanned admissions to hospital in the last six months. The audit showed that patients had received improved care following a full clinical medicines review.
- Another audit checked that diabetic patients who are on insulin were being managed appropriately some five years after the practice had adopted the standard. This audit showed 95% of patients had an insulin dosage on their repeat prescription, which reduces the risk of prescribing errors, and that a high standard of care continued to be maintained.
- The practice participated in local audits and benchmarking.
- Findings were used by the practice to improve services. For example, recent action taken as a result included putting strategies in place to ensure all patients with atrial fibrillation (AF) are managed in accordance with NICE guidance on the management of AF.

### Effective staffing

# Are services effective?

## (for example, treatment is effective)

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, and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions, including diabetes, asthma and COPD for example.
- 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 and CCG forums.
- 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 and nurses. 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.

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 and care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs (Integrated Care Meetings). There was also regular liaison with the district nursing, health visiting and podiatry services.

### 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 (MCA). Written guidance was available for staff, however they had not completed formal training on the MCA. 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 worked with the carer to make a decision about treatment in the patient's best interests.

### Supporting patients to live healthier lives

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

- 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.
- The practice worked closely with the Macmillan Cancer Support Service which was based in the same building, and patients receiving end of life care were given a mobile number to contact their GP at any time. The practice participated in the Gold Standard Framework (GSF) End of Life Care Programme for GPs.
- The practice provided family planning, well woman, weight reduction, lifestyle checks, and smoking cessation clinics.
- A range of self help information and links to support groups were available on the practice's website.

## Are services effective? (for example, treatment is effective)

The practice's uptake for the cervical screening programme was 82%, which was the same as the national average. There was a policy to send reminders to patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Uptake amongst the practice's patients was similar to local and national averages (69% screened for breast cancer and 48% screened for bowel cancer)

Childhood immunisation rates for the vaccinations given were comparable to local averages. For example, childhood immunisation rates for the vaccinations given to children in the 12 months age group ranged from 89% to 91%. The range was from 84% to 87% for the CCG.

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 34 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a very good or excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three 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 above average for some satisfaction scores on consultations with GPs and nurses. For example:

- 89% 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%.
- 84% of patients said the GP gave them enough time (CCG 82%, national 87%).
- 93% of patients said they had confidence and trust in the last GP they saw (CCG 93%, national average of 95%).
- 87% of patients said the last GP they spoke to was good at treating them with care and concern (national 85%).

- 94% of patients said the last nurse they spoke to was good at treating them with care and concern (national 91%).
- 95% of patients said they found the receptionists at the practice helpful (CCG 78%, 87%)

### 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:

- 85% 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%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care (national 82%).
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care (national 85%).

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- A number of languages were spoken by staff at the practice in addition to English.
- Links to websites which deal with different conditions were available on the practice website.

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

## Are services caring?

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 77 patients as carers, which was less than one percent of the practice list.

The registration process checked whether or not the new patient joining the practice's list was a carer, or had a carer. Carers were provided with support, for example they were offered influenza immunisation.

Staff told us that if families had suffered bereavement, their usual GP contacted them and would meet with them if required. Also, that the practice had strong links with the McMillan Cancer Support Service that was located in the same building and worked with them to meet the family's needs where appropriate.

# 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. It was a member of the GP federation in Redbridge. A GP federation is a group of GP practices that decide to collaborate to provide improved access and quality whilst reducing variation in general practices' services.

- The practice offered extended hours on a Saturday morning, between 9.00am and 11.30am for working patients who could not attend during normal opening hours. They could appointments to see a GP or nurse.
- There were longer appointments available for patients who needed them 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.
- There were disabled facilities and translation services available. The practice did not have a hearing loop.

### Access to the service

The practice's opening times were:

- 8.30am to 6.30pm on Monday, Tuesday, Wednesday and Friday.
- 8.30am to 2.00pm on Tuesday to Friday.
- There was a separate telephone phone number for appointments only between 8.30am and 12.00pm and 2.00pm to 6.30pm every week day except Thursday afternoon.

Patients were directed to an out of hours GP service outside these times.

Appointments were available at the following times:

- 8.30am to 11.30pm and 2.00pm to 6.30pm on Monday and Tuesday.
- 8.30am to 11.30pm and 4.00pm to 6.30pm on Wednesday and Friday.

- 8.30am to 11.30pm and 1.30pm to 4.30pm on Thursday.

Extended hours appointments were offered at the following times every Saturday.

- 9.00am to 11.30am

Appointments were also available at other local practices during the evening and at weekends under GP federation hub arrangements in Redbridge.

In addition to pre-bookable appointments that could be booked up to two weeks in advance, and urgent appointments and telephone consultations were available for people who needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 74% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 62% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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, for example in the practice leaflet and on the practice's website.

We looked at eight complaints received in the last 12 months and found satisfactorily handled and dealt with in a timely and open way. Lessons were learnt from individual concerns and complaints and also from analysis of trends, and action was taken to as a result to improve the quality of care. For example, more thorough checks of new patient details were implemented to ensure the correct pharmacy details were recorded.

# 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 provider had a clear vision to deliver high quality care and promote good outcomes for patients. Quality and Outcomes Framework (QOF) performance and national GP patient survey results demonstrated the practice achieved this, and in particular the practice prized the continuity of care it was able to provide through the stability of the GP partnership and the rest of the staff group.

Workforce changes and developments were carried out in a considered and planned way.

The practice worked hard to continue to be a responsive service by working with the PPG to support patients' understanding of how services were organised and how best to use the practice's services. Also, it continuously reviewed and adjusted the balance between on-the-day and book-ahead appointments to meet patients' needs.

The practice had been an early adopter of online patient access to the service for appointments and repeat prescriptions and in the last 12 months had made marked progress towards registering all patients for online services, including access to their medical records.

### 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 clinical and internal audit was used to monitor quality and to make improvements.
- There were robust 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 care in a confidential environment. 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.

### 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 patient participation group (PPG) and complaints received. The PPG met once a month with

# Are services well-led?

Good 

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

the practice team to discuss practice and wider developments, such as hospital discharge. It submitted proposals for improvements, for example to reduce the number of appointments that patients do not attend. The PPG also decided the content of, and designed the information displayed on the television screen in the waiting room. This ensured information was current and relevant to patients, for example about services in the community (warfarin clinics, evening and weekend hub GP and nurse appointments, an summer awareness for holidays, vaccination programmes)

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They 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 took part in schemes to develop new ways of working, such as creating, and continuing to develop, the Nurse Advisor for the Elderly role as part of the NHSE Everyone Counts commissioning scheme aimed at improving outcomes for patients.

The focus on improvement extended beyond the practice also. One of the partners was a Clinical Director of the CCG Governing Body. The Governing Body reviews the CCG's performance and the performance of its main hospitals and other providers, and make decisions about local health services and how the CCG can best improve them for the benefit of patients and the public.