Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Strouts Place Medical Centre

3 Strouts Place, Pelter Street, London, E2 7QU

Tel: 02077398859

Date of Inspection: 17 December 2013

Date of Publication: April 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Strouts Place Medical Centre
Registered Manager	Dr Shamsuddin Ahmed
Overview of the service	Strouts Place Medical Centre provides primary care services to the local population.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 17 December 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with local groups of people in the community or voluntary sector and were accompanied by a specialist advisor.

What people told us and what we found

We inspected the practice after a person contacted us anonymously with concerns about staffing and quality assurance at the practice. We did not find any evidence to support these allegations. We spoke with a GP partner, the practice manager, a receptionist and the health care assistant. We also spoke with five people using the service. The practice provided a range of primary services and clinics including support for people with longer term conditions and access to community and specialist service.

The patients we spoke with said they were happy with the service and could access the service when they needed to. Patients told us the staff were friendly and respected their privacy. One patient said, "I've been a long time at this practice. I am absolutely happy. Everyone is gentle."

We found there were enough staff to meet the needs of patients. Staff received support for professional development and told us they were well supported by their managers and the practice partners. We were told that the practice manager and doctors were approachable and always happy to discuss any issues.

The practice had a range of quality monitoring systems in place. The practice asked patients for their views about the service and had established a patient participation group and this had resulted in improvements. The practice team conducted audits and used performance data, incidents, comments and complaints to improve the quality and safety of care.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

We spoke with five patients and their relatives attending the practice on the day of our visit as well as the chair of the practice's patient participation group. Patients using the service told us they had enough information about the service. The patients we spoke with understood how to access medical care, including out of hours. There were a range of information leaflets available in the reception area about specific health conditions and local services.

Patients told us they were happy with the way they were treated by the staff and said they did not feel rushed in consultations. They said that the health professionals explained care and treatment options in a way they understood. One patient said, "they speak Bengali, the staff are friendly and they explain everything. I'm happy." Another patient said, "I've been a long time at this practice. I am absolutely happy. Everyone is gentle." We spent some time in the reception and main waiting areas during our inspection. We saw the receptionists greeting people in a friendly manner throughout the morning.

Patients told us they were usually seen on time. Patients told us their privacy was respected by the clinical staff and receptionists. Consultations were conducted in treatment rooms with the door closed. The receptionists said they were mindful of protecting people's privacy, for example, not repeating personal details given over the telephone. The provider might find it helpful to note that although the reception staff said they could speak quietly with patients away from the main desk if people needed privacy, there was no notice to inform patients of this.

The health centre was used by an increasingly diverse local population. Several members of staff spoke Bengali and three patients commented that this was something they liked about the practice. Staff told us they preferred to book interpreters for people who needed help with English rather than relying on friends or relatives. The premises were accessible to people with impaired mobility.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

The practice provided a range of services designed to meet the needs of the local population including joint injections, antenatal and child health; access to a clinical psychologist and specialist nurses in diabetes and cardio-vascular disease.

The patients we spoke with said they had confidence in the clinical skills of the health professionals at the practice. One patient said who attended the practice regularly said, "they keep a good eye on my condition. I have blood pressure checks and if I need something I make an appointment the same day." A parent of a small child who was unwell told us the doctor had prescribed some medicine and had clearly explained possible side effects and what to look out for. Another patient said, "I love my surgery."

The practice had established a repeat dispensing system for patients with stable medication needs. Doctors authorised up to three monthly repeat prescriptions in one go so that the patient could visit the pharmacy each month without having to pre-order the prescription each time. The practice had a system for dealing with patients who needed a repeat prescription urgently and a sympathetic approach to patients who had forgotten to order this in advance.

The clinical staff were aware of local services available to patients and how these could be accessed, including community health services, social services and referrals to specialist services. The practice had developed a multi-disciplinary team approach which met monthly. The team included palliative care nurses and a community matron as well as primary care staff. This team met regularly to discuss the care of people with complex needs who were being cared for in the community.

People's care and treatment reflected relevant research and guidance. The practice was proactive in having 80% of patients' mobile phone numbers and using texts to do recalls as well as letters. Ninety-one per cent of diabetic patients had care plans in place. These were generated automatically from the electronic information system using a locally developed, patient friendly format.

The practice provided a "safe-haven" for patients with complex mental health needs on

one afternoon a week. The practice was closed to other patients during this time and the out-of hours provider was available.

The practice had a system to ensure that electronic diagnostic test results were seen by a doctor promptly and dealt with appropriately. The system for handling clinical information about patients received by post was also in place although less well developed. We were told that most letters were electronically scanned and then passed to the GP. One of the partners also checked the letters to ensure that none were missed.

The premises were clean. There were systems in place to handle clinical waste and sharps. The staff we spoke with were knowledgeable about infection control procedures in the practice.

There were arrangements in place to deal with foreseeable emergencies. The out-of-hours service was provided by a different provider. The number for the out of hours services was given on the practice's answering phone service when the practice was closed during evenings and weekends. The practice had emergency drugs and equipment on the premises which were regularly checked. Staff had undertaken their annual life support training.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The practice had arrangements in place to protect children and vulnerable adults from abuse. The practice had a safeguarding lead and written policies on child and adult protection which were accessible to staff, and included information about types of abuse and how to raise an alert.

All the staff we spoke with were knowledgeable about types of abuse and understood their role in raising any safeguarding concern without delay. We saw training records showing that staff had undertaken training on child protection and were told this had also covered vulnerable adults. The practice team routinely liaised with the local health visitors to identify children moving into or out of the area or who were otherwise at risk to ensure these families were followed-up appropriately.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

Prior to the inspection we received information from an anonymous source alleging that the practice did not have sufficient doctors to provide safe and effective care. We reviewed the staffing arrangements at the practice and did not find any evidence to support these allegations.

The practice had 3800 patients and was led by three partners two of which were doctors. The GP partners were normally present at the practice at all sessions. The practice additionally employed two GPs on a sessional or salaried basis, a practice nurse who attended the practice every weekday and a full time health care assistant whose services included phlebotomy and smoking cessation advice. The GPs provided training support to medical students on placement at the practice and the partners had plans to develop as a training practice for post-registration GP trainees. The practice employed receptionists, an administrative manager and a practice manager.

Patients told us they could obtain appointments when needed and did not usually have to wait long to be seen after arriving at the practice. We observed that the reception and waiting areas were not unduly busy and appointments were running to time during our visit. Patients told us this was typical in their experience. There were enough qualified, skilled and experienced staff to meet people's needs.

One patient we spoke with said they would like to be able to consult a female doctor more easily. The partners had recently appointed a female GP to work at the practice following feedback from the patient participation group. This was a positive development but the provider might find it helpful to note that patients' access to a female doctor was still limited to one session a week.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had effective systems to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The practice had a patient participation group (PPG), which met annually. The practice had made changes to the service following feedback from the PPG.

The practice used incidents, comments and complaints to improve the quality and safety of care. We discussed recent examples including an incident involving a patient seen by several doctors without progress being made who turned out to have a missed diagnosis. This person was subsequently correctly diagnosed and is now cared for by a named GP at the practice. We were told that as a result, in future, certain complex patients might have an allocated GP. We also reviewed a recent complaint and saw that this had been investigated and the complaint upheld and addressed sympathetically. The provider might find it helpful to note that while clinical incidents were identified and discussed, they were not systematically documented. This meant that opportunities for learning from incidents were likely to be missed.

The practice reviewed its performance as measured by a range of indicators and targets including the Quality and Outcomes Framework (QoF) and the local Network Improvement Scheme (NIS). QoF is a national scheme which rewards practices for achieving specific targets in relation to chronic disease management and other elements of good quality care. NIS is a local based target system which exceeds the requirements of QoF. NIS targets include diabetes, immunisation, hypertension, chronic obstructive pulmonary disease (COPD), sexual health and heart failure. The practice's achievement against these targets was tracked monthly and shared with the local commissioning group. We reviewed this data and saw the practice was generally achieving at the target levels.

The practice participated in audits and showed us an example of a recent locality audit of emergency admissions.

The staff told us they had many opportunities to meet to discuss care and reflect on their practice. One staff member said, "if there is training, I like to go. It means better care for patients. We are very open to teamwork here. Everybody is sharing."

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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