

Elm 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	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Elm Practice on 19 January 2016. The overall rating for the practice was good. Within that overall rating the practice was rated as requires improvement for providing safe services. This was because it was not meeting some legal requirements in relation to using significant events to identify and learn from both good and poor practice. The full comprehensive report of the January 2016 inspection can be found at www.cqc.org.uk/location/1-2028308410.

This inspection on 15 June 2017 was an announced focused inspection and was carried out to confirm that the practice had completed their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 19 January 2016. This report covers our findings in relation to those requirements.

Overall the practice is rated as good.

Our key findings were as follows:

- The practice had put a system in place for recording significant events in a timely way and provided assurance that action was taken to prevent reoccurrence when something went wrong.

The practice had also acted on recommendations we made at our previous inspection and implemented additional improvements:

- A range of information about the practice was available in the five most prevalent languages spoken by people locally in addition to English: Hebrew, Polish, Spanish, Turkish and Urdu. Information included the practice leaflet, registration and the new patient questionnaire, and chaperone availability. Information about this resource and about the availability of interpreting services was on display in the reception area.
- The practice was implementing the NHS Accessible Information Standard. It was inviting patients to let staff know what their communication needs were, and it had added a question about communication needs to the new patient registration form. There was support for the practice from the local GP Federation to provide information in alternative formats.

Summary of findings

- The practice had put in place a programme of regular infection control audits including a weekly checklist and a six-monthly more in-depth checklist. The last six-monthly audit was carried out on 12 April 2017 and we saw evidence that action was taken to address improvements identified as a result.
- The fire alarm was being tested weekly and a system was in place for the practice to have an annual fire drill. The last fire drill took place on 12 January 2017. The practice carried out a weekly fire safety audit, for example to check that all evacuation routes were free from any obstruction.

At our previous inspection on 19 January 2016 we rated the practice as requires improvement for providing safe services because significant events were not recorded in a timely way and there was no assurance that action was taken and that reoccurrence was prevented. At this inspection we found these shortfalls had been remedied. Consequently, the practice is rated as good for providing safe services.

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.

Significant events were recorded in a timely way and action was taken to prevent reoccurrence when something went wrong.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

The rating was given following the comprehensive inspection in January 2016. A copy of the full report following the January 2016 inspection is available on our website at www.cqc.org.uk/location/1-2028308410.

Good



People with long term conditions

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

The rating was given following the comprehensive inspection in January 2016. A copy of the full report following the January 2016 inspection is available on our website at www.cqc.org.uk/location/1-2028308410.

Good



Families, children and young people

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

The rating was given following the comprehensive inspection in January 2016. A copy of the full report following the January 2016 inspection is available on our website at www.cqc.org.uk/location/1-2028308410.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students).

The rating was given following the comprehensive inspection in January 2016. A copy of the full report following the January 2016 inspection is available on our website at www.cqc.org.uk/location/1-2028308410.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

The rating was given following the comprehensive inspection in January 2016. A copy of the full report following the January 2016 inspection is available on our website at www.cqc.org.uk/location/1-2028308410.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

The rating was given following the comprehensive inspection in January 2016. A copy of the full report following the January 2016 inspection is available on our website at www.cqc.org.uk/location/1-2028308410.

Good



Elm 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 Advisor.

Background to Elm Practice

Elm Practice is located in Hackney in east London and holds a General Medical Services contract with NHS England.

Elm Practice is registered with the Care Quality Commission to carry on the following regulated activities at 1A Fountayne Road, London, N16 7EA: Diagnostic and screening procedures, Family planning, Maternity and midwifery services and Treatment of disease, disorder or injury.

The practice is located on the ground floor of a purpose built health centre managed by the local hospital. The health centre also houses two other GP practices and community health services.

The practice is staffed by one full time GP (female), who is the GMS contract holder and CQC-registered provider, and who works seven sessions a week; and two part time salaried GPs (both male). One salaried GP works 5.5 sessions a week and the other works three sessions a week. There is a part time practice nurse who works three days a week. The clinical team is supported by a full time practice manager and four receptionists.

The practice is open between 9.00am and 6.30pm on Monday, Tuesday, Wednesday and Friday, and between 9.00am and 1.00pm on Thursday. Morning appointments are available between 9.00am and 1.00pm, and afternoon appointments between 2.00pm and 6.30pm. Extended

hours appointments are available between 6.30pm and 8.00pm on Monday. Between 6.30pm and 8.00am Monday to Friday, the answerphone redirects patients to the Out of Hours provider and between 8.00am and 9.00am Monday to Friday, patient calls are redirected to the GP by the out of hours provider.

The practice has a list size of 3,087 patients and provides a wide range of services including screening and clinics for child health and development. It provides public health services including immunisations, flu and travel vaccinations and annual reviews. It also provides weekly diabetic clinics with the hospital diabetic nurse, weekly clinics run by a family welfare worker and clinics every quarter run by a community heart failure nurse.

The practice is located in an area with large working age people and children, families and young people population groups. Approximately 60% of the practice list is in paid work or full time education.

Why we carried out this inspection

We undertook a comprehensive inspection of Elm Practice on 19 January 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall, and within that overall rating it was rated requires improvement for providing safe services. This was because the practice was not meeting some legal requirements. The full comprehensive report following the inspection in January 2016 can be found at www.cqc.org.uk/location/1-2028308410.

Detailed findings

We undertook a follow up focused inspection of Elm Practice on 15 June 2017. This inspection was carried out to review the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

During our visit on 15 June 2017 we reviewed information provided by the practice and spoke with GP, practice nurse, practice manager and reception staff.

Are services safe?

Our findings

At our previous inspection on 19 January 2016 we rated the practice as requires improvement for providing safe services. This was because there were shortfalls in the practice's arrangements in respect of significant events.

These arrangements had significantly improved when we undertook a follow up inspection on 15 June 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- The practice was using the National Reporting and Learning System (NRLS). The NRLS is a central database of patient safety incidents set up by NHS Improvement. The NRLS provides a framework for:
 - Recording events, both positive and negative, and near misses; and identifying key risk issues.
 - Enabling the practice team to identify mitigating actions and learning outcomes.
 - Setting out timescales and responsibilities for completing actions.
 - Reviewing actions and the adequacy of the practice's response, and seeing that learning points have been assimilated.
- From the sample of two documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again, in line with the duty of candour. The duty of candour is a set of specific legal requirements that providers must follow when things go wrong with care and treatment.
- We reviewed safety records, incident reports, and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a protocol had been put in place to identify patients that might have an infectious illness, for example measles, isolate them, and ensure they are seen as quickly as possible to reduce the risk of other patients becoming infected, regardless of which of the three practices sharing the premises the patient was attending.
- The practice also monitored trends in significant events and evaluated any action taken. By taking part in the NRLS it was contributing to NHS Improvement's work to identify hazards, risks and opportunities to improve the safety of patients on a national scale.