

Fullwell Cross Medical Centre

Inspection report

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Date of inspection visit: 02 May 2018
Date of publication: This is auto-populated when the report is published

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 location

Good 

Are services safe?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as Good overall. (Previous inspection December 2016 – Good)

The key questions are rated as:

Are services safe? – Good

Are services well-led? - Good

We carried out an announced focused inspection at Fullwell Cross Medical Centre on 2 May 2018. We undertook this inspection in response to concerns identified and brought to the attention of the commission. This was a focused inspection which looked at the Safe and Well-led key questions.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.

- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice changed how patients could access the practice by telephone to make booking appointments easier.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The practice had an active patient participation group (PPG) which supported the practice in identifying and implementing improvements to the overall patient experience.

The areas where the provider should make improvements are:

- Ensure the implementation and review dates are clearly recorded on all practice policies and procedures.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Population group ratings

Older people	Good	
People with long-term conditions	Good	
Families, children and young people	Good	
Working age people (including those recently retired and students)	Good	
People whose circumstances may make them vulnerable	Good	
People experiencing poor mental health (including people with dementia)	Good	

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a CQC Inspection Manager.

Background to Fullwell Cross Medical Centre

Fullwell Cross Medical Centre has been based in the current two-storey purpose-built premises since 1974. It is located at 1 Tomswood Hill, Ilford, Essex IG6 2HG, within a predominantly residential area of Barkingside in the London borough of Redbridge. Redbridge Clinical Commissioning Group (CCG) are responsible for commissioning health services for the locality.

The premises includes 10 consulting/treatment rooms, a large reception and waiting area, administration offices and a large meeting room. All rooms used for patient care are based on the ground floor.

The practice is registered with the CQC as a partnership. The senior partner has been with the practice for 32 years and the newest partner joined 11 years ago.

Services are delivered under a Personal Medical Services (PMS) contract. (PMS contracts are local agreements between NHS England and a GP practice. They offer local flexibility compared to the nationally negotiated General Medical Services (GMS) contracts by offering variation in the range of services which may be provided by the practice, the financial arrangements for those services and the provider structure).

The practice has 13,400 registered patients with an age distribution similar to the national average. The surgery is based in an area with a deprivation score of 6 out of 10 (with 1 being the most deprived and 10 being the least deprived).

The practice is a teaching and training practice providing placements for two GP registrars per year. (A GP registrar is a qualified doctor training to become a GP).

Medical services are provided by four male and two female GP partners (5.25 wte) and two GP registrars providing a total of 31 GP appointment sessions per week. Nursing services are provided by two part time practice nurses; one full time health care assistant (HCA); one Elderly Care HCA. The practice also had one New to Nursing Nurse who provided four sessions per week. Administrative services are provided by a Practice Manager, an Assistant Practice Manager and administrative and reception staff.

The surgery is open between 8am and 6.30pm Monday to Friday. Extended hours are provided on a Monday and Tuesday from 6.30pm until 8pm. The telephone lines are open between 8am and 6.30pm. The surgery is closed at weekends.

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

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep people safe.

- There was an effective system to manage infection prevention and control (IPC).
- All actions identified in the most recent IPC audit had been completed.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- In response to an incident the practice implemented a policy which ensured medicine changes instructed by other health providers. The policy ensured changes to prescribed medicines would only happen once the patient had been thoroughly informed of the amendments.

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The practice engaged with other health providers to review communication methods to improve the timeliness of correspondence.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- Patients were required to attend the practice if their medicines were changed by another health provider. This ensured the patients were aware of the changes.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, following a significant event the practice held a full staff meeting to discuss the incident, produced a comprehensive action plan and shared the learning both within the practice and with external organisations.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Are services well-led?

We rated the practice and all of the population groups as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- There were processes for providing all staff with the development they need. This included appraisal and

career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.

- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work. GPs were supported to utilise their specialist interests within the practice. Special interests utilised by the practice include, joint injections, sports medicine and family planning.
- The practice manager was enrolled on an accredited Quality Improvement Programme.
- There was a strong emphasis on the safety and well-being of all staff. The practice introduced an informal meeting each day where lunch was provided by the leadership team.

- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Following a recent incident the practice had implemented additional measures to ensure patients were aware of changes to their treatment and medicines if changed by different health providers, including hospitals and mental health trusts.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control, diabetes, mental health and prescribing.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. However, written policies and procedures did not include the date it was implemented and the date it would need to be reviewed. The practice agreed to implement this on the day of inspection.

Managing risks, issues and performance

Are services well-led?

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care. The practice implemented a system to reduce the amount of time clinicians take to review correspondence from other services. This system saved the practice approximately one day per week of GP time which was used to provide more patient appointments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.

- The practice used information technology systems to monitor and improve the quality of care.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

Please refer to the Evidence Tables for further information.