

St Albans Surgery

Inspection 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

Are services responsive?

Good



Overall summary

This practice is rated good for providing responsive service. (Previous rating for responsive 06 2017– requires improvement)

The key question at this inspection is rated as:

Are services responsive? – Good

We carried out an announced comprehensive inspection at St Albans Surgery on 15 June 2017. The overall rating for the practice was good, however responsive key question was rated requires improvement. The full comprehensive report on the June 2017 inspection can be found by selecting the 'all reports' link for St Albans Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 18 June 2018 to confirm the practice had carried out their plan to meet the legal requirements in relation to the breach in regulation that we identified at our previous inspection on 15 June 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

At this inspection we found:

- At the inspection of June 2015, the practice was not proactive in identifying patients with caring responsibilities. This was because they had identified 46 patients as carers which represented less than 1% of the practice's population. At this inspection, we found this had significantly improved; 126 patients were now identified and recorded as carers and the practice manager maintained the carer's register which was used to invite patients to attend influenza vaccines and annual health checks.
- We saw evidence the practice had taken steps to improve and monitor patient feedback in relation to how they accessed treatment and care.

Professor Steve Field CBE FRCP FFPH FRCGP Chief Inspector of General Practice

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

Our inspection team

This inspection was undertaken by a Care Quality Commission (CQC) inspector.

Background to St Albans Surgery

St Albans Surgery is a practice based in Dagenham, Essex. The practice has approximately 8062 registered patients. The practice population is diverse and is in an area in London of high deprivation. Compared to an average GP practice in England, there is a higher than average percentage of patients in employment or full-time education and a higher than average percentage of patients under the age of 24.

The practice has a Personal Medical Services contract ((PMS contracts are locally agreed contract between NHS England and the practice) and is signed up to a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These enhanced services include childhood vaccination, extended hours access, dementia diagnosis and support, flu and pneumococcal immunisation, learning disabilities, rotavirus and shingles immunisation, and unplanned admissions.

The practice operates from two locations; the main practice is in Urswick Medical Centre on Urswick Road, with a branch on Maplestead Road. Both locations are purpose built premises and are wheelchair accessible, there are facilities for wheelchair users including accessible toilets.

The practice has installed hearing loops at each location. The main practice at Urswick Medical Centre has access to six consultation rooms and two treatment rooms on

the ground floor. The Maplestead Road branch has access to four consultation rooms on the ground floor. We did not visit the branch surgery as part of our focused inspection. Opening hours are between 8.30am and 6.30pm at the main practice and 8am to 8pm at the branch site on weekdays.

The staff team comprises one Principal GP (male), three salaried GPs (2 female, 1 male) and 4 regular locums (three female and one male). The GPs provide around 38 clinical sessions per week. The GPs were supported by one female nurse prescriber, four part-time female practice nurses—one of whom is a specialist diabetic nurse and a female health care assistant (HCA). Non-clinical staff includes a full-time practice manager, two assistant practice managers, a medical secretary and various administrative and reception staff. The practice is a teaching and training practice.

When the practice is closed patients are automatically directed from the practice telephone to the NHS 111 service. This information is also available on their website and in their practice leaflet. Appointments are also offered by the Barking and Dagenham GP Hub Service for patients who are unable to get appointments with the practice. The practice is registered as an individual with the Care Quality Commission (CQC) to provide the regulated activities of: treatment of disease, disorder or injury, maternity and midwifery services and family planning.

Are services responsive to people's needs?

At our previous inspection on 15 June 2017, we rated the practice as requires improvement for providing responsive services as patients rated the practice below local and national averages for how they could access treatment and care. The practice could not demonstrate that initiatives were in place to drive improvements in this area.

These arrangements had significantly improved when we undertook a follow up inspection on 18 June 2018. The practice is now rated as good for providing responsive services.

Timely access to care and treatment

Compared to the inspection on 15 June 2017, patients were now better able to access care and treatment from the practice within an acceptable timescale for their needs. GP patient survey results we had access to were those used in the previous inspection report where patients rated the practice below averages. We saw that the practice had implemented initiatives to improve access to care and treatment. There was also evidence of on-going monitoring.

- The practice was now undertaking cyclical in house patient surveys and all team members were involved in promoting and encouraging this.
- New telephone lines have been introduced and now facilitated a queuing system. Incorporated as well was an automated voice recording which provided patients with important practice information whilst waiting for their calls to be answered by a member of staff.
- Staff at the practice proactively encouraged patients to register to use the online appointment booking system.

This had seen an improvement in uptake rates; figures obtained from the practice showed a steady increase, for example, the uptake rate in April 2017 was 5.4% and at the time of our inspection in June 2018 this figure had rose to 12%.

- Telephone consultations were introduced in June 2017 and the practice reported that this was popular with patients especially the working age population. Between June 2017 and June 2018, the practice offered 1469 telephone appointments, of this, 1457 were booked by patients; this represented a utilisation rate of around 99%.
- The practice was now offering additional clinical sessions compared to June 2017. This coincided with the branch surgery which was now opened from 8am to 8pm as of 1 June 2018. (previously 8am to 6.30pm)
- Patient feedback from the public accessed website NHS Choices were monitored and discussed by the management team and improvements to the service was made as a result. Discussions of each feedback were recorded and kept by the practice manager.
- The in-house patient survey identified that 46% of patients were not able to get or did not know how to access urgent on the day appointments. Because of this, the practice was now advertising the "HUB" service which was provided by the local CCG to help patients who were unable to access urgent appointments with their GPs.

Please refer to the evidence tables for further information.