Dr Mohammed Fateh

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 Dr M Fateh on 13 October 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:

- Ensure clinical audits are written and evaluated to support and demonstrate learning and positive outcomes for patients.
- Review recruitment processes to include interview notes in selection process and staff files.
- Review how patients with caring responsibilities are identified and recorded on the clinical recording system to ensure information, advice and support is made available to them.

Summary of findings

- Ensure emergency medicines are in place to deal with a range of medical emergencies.

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?

Good

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 generally well managed.
- We saw that not all taps were lever operated which could impact on effective infection control processes.

The practice had a supply of emergency medicines however this did not include benzylpenicillin or diclofenac at either site. After the inspection, the practice confirmed they had purchased these medicines.

Are services effective?

Good

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 were conducted but were not fully evaluated to support learning and 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.
- The practice had registers to identify vulnerable patients, child protection, learning disability, palliative care, housebound and avoiding unplanned admissions.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- 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.
- The practice attempted to identify carers, however we could only find 14 carers recorded on the carers register (0.3% of the practice list).

Are services responsive to people's needs?

Good

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. For example the practice worked to develop a family advice pilot which resulted in them being one of only two practices being awarded the pilot programme. This service provided a range of support for families, for example domestic violence advice, parenting programmes and behaviour strategies, advice on immunisations, sensory play sessions and domestic violence support for children.
- 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.

Are services well-led?

Good

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, however the practice mission statement was not displayed in either site.

Summary of findings

- 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 practice had robust recruitment processes however there was no evidence of written interview notes in the staff files we looked at on the day of our inspection.
- 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 (PPG) was active.
- There was a strong focus on continuous learning and improvement at all levels.

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

Good

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. We saw that the practice had detailed and personalised care plans.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered health checks to patients aged over 75.
- The practice triaged all home visit requests and worked in conjunction with other multidisciplinary professionals to facilitate earlier intervention and carried out joint visits where hospital admission may be an outcome.
- The practice contacted all patients after their discharge from hospital to address any concerns and assess if the patient needed GP involvement at that time.

People with long term conditions

Good

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 for diabetes related indicators was similar to the CCG and national average. An example taken from these indicators related to patients on the diabetic register whose last IFCC-HbA1c (a specific blood glucose level test) measured 64 mmol/mol or less was 75%, (CCG 72%, national 78%).
- 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.
- Smoking cessation support, weight management advice and regular blood pressure checks were available to support people with long term conditions.

Summary of findings

Families, children and young people

Good

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

- 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.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 80% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provided contraception including fitting intrauterine devices (IUD) or coil.
- The practice provided postnatal reviews and 6-8 week baby checks with active invites and recall systems.
- We saw positive examples of joint working with midwives and health visitors.
- The practice had safeguarding policies in place and all patients were coded accordingly. Alerts were in place so staff knew the patients with a safeguarding concern.
- The practice were one of only two practices in the area who were part of a family advice pilot which provided a range of support for families, for example domestic violence advice, parenting programmes and behaviour strategies, advice on immunisations, sensory play sessions and support for children where domestic violence was identified.

Working age people (including those recently retired and students)

Good

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 including repeat prescriptions and registering on line, as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered travel advice and vaccinations.

Summary of findings

People whose circumstances may make them vulnerable

Good

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 homeless people, travellers and 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.

People experiencing poor mental health (including people with dementia)

Good

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

- 73% of patients diagnosed with dementia who had their care reviewed in a face to face meeting, was less than the CCG and national average of 84%.
- 97% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan which was better than the CCG average of 89% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was generally performing in line or better than the local and national averages. Three hundred and twenty nine survey forms were distributed and 101 were returned. This represented a 31% return rate and 2% of the practice's patient list.

- 90% of patients found it easy to get through to this practice by phone compared to the CCG average of 67% and national average of 73%.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 74% and national average of 85%.
- 83% of patients described the overall experience of this GP practice as good compared to the CCG average of 77% and national average of 85%.
- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 65% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards which, 15 of which had written comments, two were pictorial. All completed cards were positive about the standard of care received. People said the service they received was excellent, they received appropriate care, were referred to secondary care appropriately and were treated with respect and dignity. They told us staff at all levels were friendly, kind, caring and polite.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The response to the friends and family test showed that 80% of fifteen respondents would recommend this practice.

Dr Mohammed Fateh

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 Dr Mohammed Fateh

Dr M Fateh is an established GP practice situated within the London Borough of Barking & Dagenham with a branch surgery situated in Rainham a few miles away. The practice lies within the administrative boundaries of NHS Barking and Dagenham Clinical Commissioning Group (CCG).

The practice provides primary medical services to approximately 4,850 patients living within its catchment area. The practice holds a General Medical Services (GMS) contact with NHS England. The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic & screening procedures, family planning, maternity & midwifery services, treatment of disease disorder or Injury and surgical procedures.

The main practice is located at 2 First Avenue, Dagenham, RM10 9AT with a branch located at 39 Frederick Road, Rainham, RM13 8NJ and both are serviced with good transport links.

The First Avenue surgery (main site) is a two storey building with a car park at the rear (not currently used due to building works) and two car parking spaces at the front. There is no disabled parking, however there are no parking restrictions on adjacent roads. The main entrance is accessed by ramp with all doors accessible for wheelchairs and prams. The ground floor has two consulting rooms and one minor surgery room complete with a 'dirty' room. There is one reception area/office, waiting room and there is a fully accessible toilet. There is an induction loop facility for those with hearing impairment. The main practice is currently being extended to provide additional facilities, although this currently is not significantly impacting negatively on the practice or their patients. The Rainham surgery (branch site) is a recently refurbished two storey building with car park at the rear with one parking space. The main entrance is accessed by ramp with all doors accessible for wheelchairs and prams. There are two consulting rooms on the ground floor one waiting room, one reception area and a fully accessible toilet.

The practice population is ethnically diverse with 37% identifying as British, 15% as African, 14% identifying as from an Asian background and 13% as white other. In terms of deprivation the practice is in the 3rd most deprived decile with a score of 3 out of 10. People living in more deprived areas tend to have a greater need for health services, although, an area itself is not deprived; it is the circumstances and lifestyles of the people living there that affect its deprivation score. There is a lower than average number of patients in the age bands 65-85+ compared to the national average, with a higher number of children and young people.

The practice has one full time male lead GP and one female full time GP. They are supported by a regular locum GP, a practice nurse (nurse prescriber), a healthcare assistant, a practice manager and a team of reception staff who work across both sites.

The main practice was open between 9.00am and 2.30pm Monday to Friday and 4pm to 7pm except Wednesday when the practice closed at 2.30pm. Appointments were from 9.30am to 10.50am every morning and 4pm to 5.50pm daily except Wednesday. Extended hours appointments were offered on a Friday only from 6.30pm to 8.30pm.

Detailed findings

Practice nurse appointments were available from 9am to 1.45pm on a Monday, until 2.45pm on a Tuesday and from 5.30pm to 8.15pm on a Friday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

The branch practice is open 8.30am to 6.30pm Monday to Friday except Wednesday when the branch closed at 2pm. Appointments were from 10am to 12.20pm Monday to Friday and 4pm to 6.20pm except Tuesday (5.20pm). Practice nurse appointments were available from 3pm to 5.45pm on a Monday, 3.30pm to 6.15 on a Tuesday and 9am to 4.45pm on a Friday. Health care assistant appointments were from 8.30 to 12.20pm on a Monday and 8.30 to 11am and 3.30pm to 6pm on a Thursday.

When the surgery is closed patients were advised to contact NHS 111 for urgent but non emergency care, or call/attend the walk-in-centre for minor injuries and illnesses at Barking Community Hospital from 7am to 10pm Monday to Friday and 9am to 10pm Saturday and Sunday. For emergencies they were advised to call 999.

We visited both the main practice and branch as part of our inspection.

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.

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 13 October 2016. During our visit we:

- Spoke with a range of staff including GPs, practice nurse, practice manager and reception staff and spoke with one member of the PPG and patients who used the service.
- Observed how patients were being cared for and talked with carers and family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited both the main and branch surgery.

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.

Good

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 safety records, incident reports, patient safety alerts 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, following an unacceptable behavioural incident by a patient the practice had CCTV installed.

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 and/or practice nurse attended safeguarding meetings when possible and always 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 and nursing staff were trained child safeguarding level 3, all other 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 practice nurse in conjunction with the health care assistant was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice were advised that not all taps were lever operated within the refurbished branch site. They advised us they would investigate and take appropriate action as necessary.
- 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. The practice nurse had qualified as an Independent Prescriber and could therefore prescribe medicines. They received mentorship and support from the medical staff for this extended role. Patient group directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation

for treatment). Health care assistants were trained to administer vaccines and medicines against a patient specific direction (PSD) from a prescriber which we saw were scanned on to individual patient notes. (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). There were no records of interview notes.

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 for both sites. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. 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.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training or cardiopulmonary resuscitation (CPR) and there were emergency medicines available in a secure area of the practice.
- Emergency medicines on both sites 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. There was no benzylpenicillin or diclofenac at either site. After the inspection, the practice sent confirmation of purchase of these medicines.
- The practice had a defibrillator available at the main practice in Dagenham and although they did not have one at the branch in Rainham they had ordered one and were awaiting delivery. They had oxygen with adult and children's masks on both sites. A first aid kit and accident book were also available.

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.

Good

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 these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 96% of the total number of points available, compared to the CCG and national average of 95%. The practice had an overall clinical exception rate of 7.9% compared to the CCG 8.8% and national 9.2%. 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.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

Overall performance for diabetes related indicators was 81% which was similar to the CCG average of 82% and national average of 84%.

- 75% of patients last IFCC-HbA1c (a specific blood glucose level test) measured 64 mmol/mol or less (CCG 72%, national 78%).
- 72% of patients last blood pressure reading measured 140/80mmHg or less (CCG 78%, national 78%).
- 96% of 247 patients had been given an influenza vaccine (CCG 93%, national 94%).
- 69% of patients total cholesterol measured 5 mmol/l or less (CCG 77%, national 81%).
- 94% of patients had a record of a foot examination and risk classification (CCG 91%, national 88%).

Overall performance for mental health related indicators was 86% which was similar to the CCG average of 89% and national average of 87%. Exception reporting rates were higher than the local average but comparable with the national average.

- 97% of 34 patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record (CCG 89%, national 88%). The exception reporting rate for this indicator was 15% (CCG 5%, national 13%).
- 90% of 34 patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded (CCG 93%, national 90%). The exception reporting rate for this indicator was 12% (CCG 4%, national 10%).
- 73% of 11 patients diagnosed with dementia had a face to face care review (CCG 84%, national 84%). The exception reporting rate for this indicator was 0% (CCG 7%, national 8%).

Overall performance for asthma and COPD related indicators was similar to the CCG and national average.

- 72% of patients with asthma had an asthma review that included an assessment of asthma control (CCG 76%, national 75%).
- 93% of patients with COPD had a review including an assessment of breathlessness using the Medical Research Council dyspnoea scale (CCG 90%, national 90%).

There was evidence of quality improvement including clinical audit.

- There had been sixclinical audits carried out in the last two years, although all of these had well recorded data, none were completed audits as no written evaluation was available to demonstrate findings and implementation of improvements made. Despite this there were two audits which covered two cycles or more, namely a smear audit which was conducted annually and a post-operative wound infection audit over several years.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Good

Are services effective?

(for example, treatment is effective)

- Findings were used by the practice to improve services. For example, recent action taken as a result of working with the CCG to audit and review the use of inhalers in patients with chronic obstructive pulmonary disease (COPD) enabled the practice to improve inhaler technique for patients and change inhaler therapy, where clinically appropriate, to improve outcomes for these patients. The smear audit identified an inadequate smear rate of 0.93% from 108 patients over the last twelve months and non-attenders for cytology. The practice used this data to constantly improve outcomes for patients within this service by active recall, retest, telephone follow up and written letters to maximise take up of this service.

Effective staffing

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, health and 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. The practice supported the health care assistant to complete end of life training and the practice nurse with advanced diabetes management, nurse prescribing and are currently supporting them to complete their advanced nurse practitioner training.
- 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, discussion at practice and CCG peer group meetings.
- 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. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support, cardiopulmonary resuscitation (CPR) 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 and telephone discussions took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

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. 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 assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

Good

Are services effective?

(for example, treatment is effective)

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.Patients were signposted to the relevant service.
- Sexual health screening, immunisation, travel clinics, smoking cessation advice and blood pressure checks were available at the practice.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 80% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured 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: the number of women aged 50-70 screened for breast cancer in the last 36 months is 57%, the CCG average is 63% and national average is 72%; the number of patients aged 60-69 screened for bowel cancer in the last 36 months is 47%, CCG average 42% and national average is 58%.

Childhood immunisation rates for the vaccinations given were generally comparable to CCG averages but less than national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 70% to 97% and five year olds from 54% to 88%. The practice was aware of this and told us this was due to overseas patients advising the practice that some immunisations had already been given. This was not able to be confirmed by relevant documentation and although they offered to repeat this was declined.

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 and those over 75. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

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 16 patient Care Quality Commission comment cards we received comments on were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG) and saw notes of recent meetings. 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 its satisfaction scores on consultations with GPs and nurses compared to the CCG average. For example:

- 83% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 78% and the national average of 86%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 78% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 95%.
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 76% and national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 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 thorough and 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:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 78% and the national average of 86%.
- 73% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 73% and national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 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. We saw notices in the reception areas informing patients this service was available and the practice website had a translation page available.
- Information leaflets were available in easy read format.

Good

Are services caring?

- Information of services provided and signposting to other support services were available on the practice website.

Patient and carer support to cope emotionally with care and treatment

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 14 patients as carers which was less than 0.3% of the practice list. The practice provided written information in both sites to support and signpost carers to appropriate care and support services and had extensive additional information, including a video link, for carers available on the practice website. This included details on benefits, respite care and managing someone's legal affairs. The practice were aware that identifying and supporting carers was an area they needed to improve their recording and were actively attempting to identify carers with information provided in the practice and on their website.

Staff told us that if families had suffered bereavement, the practice sends flowers and their usual GP contacted them and/or visited to check on how they were coping and too see if they required any additional advice and support.

Good

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. For example establishing and participating in the Family Advice programme.

- The practice offered a late evening clinic on a Friday until 8.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and those with long term conditions and complex needs.
- 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.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were facilities for those less physically able, a hearing loop and translation services available.
- The practice contacted all patients after their discharge from hospital to address any concerns and assess if the patient needed GP involvement at that time.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.

Access to the service

The main practice was open between 9.30am and 2.30pm and between 4pm and 7pm Monday to Friday except Wednesday when the practice closed at 2.30pm. Appointments were from 9am to 10.50am every morning and 4pm to 5.50pm daily except Wednesday. Extended hours appointments were offered on a Friday only from 7pm to 8.30pm. Practice nurse appointments were available from 9am to 1.45pm on a Monday, until 2.45pm on a Tuesday and from 5.30pm to 8.15pm on a Friday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

The branch practice is open 8.30am to 6.30pm Monday to Friday except Wednesday when the branch closed at 2pm. Appointments were from 10am to 12.20pm Monday to Friday and 4pm to 6.20pm except Tuesday (5.20pm). Practice nurse appointments were available from 3pm to 5.45pm on a Monday, 3.30pm to 6.15 on a Tuesday and 9am to 4.45pm on a Friday. Health care assistant appointments were from 8.30 to 12.20pm on a Monday and 8.30 to 11am and 3.30pm to 6pm on a Thursday.

When the surgery is closed patients were advised to contact NHS 111 for urgent but non emergency care, or call/attend the walk-in-centre for minor injuries and illnesses at Barking Community Hospital from 7am to 10pm Monday to Friday and 9am to 10pm Saturday and Sunday. For emergencies patients were advised to call 999.

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

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average 73% and national average of 76%.
- 90% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The GP telephoned the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 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 information was available on the practice website, detailed information was displayed at the main surgery as well as the branch on dedicated complaints information boards.

We looked at five complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, with openness and transparency. Records viewed were extensive, systematic and detailed. 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 a complaint was raised in relation to the inappropriate behaviour of a patient attending the practice by another patient. This was fully investigated and a written apology was sent to the complainant advising the actions taken. The practice subsequently decided to install CCTV to allow reception staff to monitor and prevent any such incidents in the future.

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 practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- Although the practice had a mission statement, it was not displayed in the reception waiting areas for patients. Staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

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 continuous clinical and internal audit was used to monitor quality and to make improvements, although no written evaluations were available to support improvements made. However, on the day of our visit the lead GP provided a good summary in relation to the atrial fibrillation and minor surgery audits. The lead GP confirmed that they would ensure appropriate written evaluations were completed going forward.
- There were 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 and compassionate care. Staff told us the lead GP was 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, not only by the lead GP but also by the whole staff team in the practice. All staff were involved in discussions about how to run and develop the practice, and the lead GP 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 through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice

Are services well-led?

Good

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

management team. For example, The PPG contributed to the redesign of the chaperone leaflet to make this more visible to patients, and suggested putting posters/ pictures up on reception wall to enhance the appearance of reception areas for waiting patients which the practice agreed to.

- The practice had gathered feedback from staff predominantly through staff meetings, appraisals and day to day discussion. Staff told us they would not hesitate to give feedback and discuss any

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example they were one of two practices to participate in hosting family advice sessions in their practice on a monthly basis. This service provided a range of support for families, for example domestic violence advice, parenting programmes and behaviour strategies, advice on immunisations, sensory play sessions and domestic violence support for children.