

Westbury Road Medical 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



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 Westbury Road Medical Practice on 14 November 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. However processes in place to ensure patients with Peripheral Arterial Disease were effectively monitored required review.
- 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. However further attention to patient experiences as reflected in the results of the GP patient survey was necessary.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Carry out a thorough analysis of the significant events to identify any trends.

Summary of findings

- Review registers and levels of exception reporting for Peripheral Arterial Disease to ensure patients receive safe care and treatment that met their needs.
- Assess, monitor and improve the quality of the service with particular regard to the experiences of people who use the service.
- Take further steps to encourage patients with caring responsibilities to identify themselves.

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.

Good



- 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 well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. However, we noted relatively high levels of exception reporting for peripheral arterial disease.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated 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.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice similar to or below others for several aspects of care. The practice had conducted it's own surveys, the results of which were more positive. Steps had been taken to address concerns raised.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- 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.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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 was involved in initiatives around the screening for and prevention of chronic obstructive pulmonary disease (COPD) and latent Tuberculosis (TB).
- 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?

The practice is rated as good for being well-led.

Good



- 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.
- 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 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

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group 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

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- High risk patients discharged from hospital were followed up to avoid further admissions. Medication and social needs were reviewed and discussed at multi disciplinary team meetings if necessary.
- End of life care plans were discussed where appropriate and multi disciplinary care plans were recorded in the clinical system which was accessible to all relevant health and social care parties.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Processes in place to ensure patients with long term conditions were effectively monitored required review, specifically in relation to Peripheral Arterial Disease.
- Quality and Outcomes Framework (QOF) performance in 2015/16 for diabetes related indicators was 94% which was in line with the CCG average of 86% and the national average of 90%.
- One of the GPs was a diabetic specialist and initiated insulin.
- 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.
- Patients were signposted to the appropriate agencies for lifestyle management including weight management, smoking cessation and alcohol misuse.

Summary of findings

Families, children and young people

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

Good



- 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 80%, which was comparable to the CCG average of 81% and the national average of 82% (01/04/2014 to 31/03/2015).
- Appointments were available outside of school hours and the premises were suitable for children and babies. Same day consultations were available for children. They were given priority appointments or the evening clinics.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- A breastfeeding room could be provided on request.

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).

Good



- 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 as well as a full range of health promotion and screening that reflects the needs for this age group.

Late afternoon appointments were available on Tuesday and Wednesday evenings (until 7pm). Patients could also access late evenings and weekends appointments through the GP cooperative as part of the extended-hours service.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Summary of findings

- 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)

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 in the last 12 months, which is comparable to the CCG average of 77% and the national average of 78%.
- Quality and Outcomes Framework (QOF) performance in 2015/16 for mental health related indicators was 87% which was in line with the CCG average of 87% and the national average of 93%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients 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.

Good



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 mainly performing below local and national averages. Three hundred and sixty two (362) survey forms were distributed and 63 were returned. This represented 1.5% of the practice's patient list.

- 62% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 71% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 65% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 53% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 Care Quality Commission comment cards providing positive feedback about the service. On the day of the inspection we also spoke to three members of the practice's participation group (PPG). Patients said they felt the practice offered a good or caring or excellent service and staff were helpful, polite and treated them with respect. One comment card was less positive about reception staff and appointments, however this wasn't a common theme.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Results of the most recent friends and families test showed 45% of respondents would recommend this practice.

Westbury Road Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to Westbury Road Medical Practice

Westbury Road Medical Practice is a GP practice in the London Borough of Newham, to the east of London. The practice is part of the London Borough of Newham Clinical Commissioning Group (CCG) and provides primary medical services through a General Medical Services (GMS) contract with NHS England to around 4300 patients.

The practice is housed within a converted, formerly residential building situated in a residential area. The building is owned and managed by NHS property services. The practice is easily accessible by public transport. It doesn't have a designated car park and parking on surrounding streets is generally for permit holders only. However there are public car parks within walking distance of the practice. There are plans in place to relocate the practice to a new purpose built building by December 2017.

The practice has an ethnically diverse patient population predominantly; Bangladeshi 62%, Pakistani 11%, Indian 6%, Afro-Caribbean 4%, British white/white other 3%. The practice locality is in the 3rd more deprived decile out of 10 on the deprivation scale. Newham residents have lower life expectancy and higher rates of premature mortality than

other borough in London. The main causes of death in Newham are cardiovascular disease, cancer and respiratory disease and the levels of diabetes are among the highest in the country. Newham is the third most deprived local authority area in England.

Clinical services are provided by two male GP partners (seven sessions each) and two female locum GPs (two sessions each). Non-clinical services are provided by a practice manager, a female practice nurse, a female healthcare assistant and five administrative/reception staff.

The practice is a teaching practice. It teaches year two and year four medical students. The practice also recruits apprentices from Newham College.

The practice is open from 9am every week day except Wednesday when it closes in the morning and opens at 2.30pm. It closes at 2pm on Thursday, 6.30pm on Monday and Friday and 7pm on Tuesday and Wednesday. Consulting times are from 9am to 1pm and 4.30pm to 6.30pm every weekday except Wednesday when there is no morning clinic and Thursday when there is no afternoon clinic. Out of hours services are provided through the Newham GP Cooperative which can be contacted via a dedicated local number. When the practice is closed calls are automatically diverted to the out of hours service. Patients can also access services through the extended hours and additional capacity services which operate locally.

The practice is registered to carry out the following regulated activities: Diagnostic and screening procedures, Maternity and midwifery services, Treatment of disease, disorder or injury from 45 Westbury Road, London E7 8BU.

Detailed findings

Westbury Road Medical Practice has not been inspected previously.

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 14 November 2016.

During our visit we:

- Spoke with a range of staff including GPs, nurse, health care assistant and non-clinical staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or 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.

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.

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 did not carry out a periodical review of significant events. However there had only been six incidents in the previous 12 months.

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. One example related to an incident where a GP had accidentally entered consultation notes for one patient into a different patient's records. This had led to the pharmacy receiving a prescription under that incorrect patient's name. The first patient raised a complaint with the practice after being told by the pharmacy that they had not received their prescription from the GP practice. Following an investigation the error became apparent. The records were corrected, the patient received an apology and the correct prescription was issued. Learning that was shared following this incident included highlighting that clinical staff should always verify patient identity before starting the consultation. It was also emphasised that reception staff should not distract clinical staff during patient consultations.

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 practice maintained a child protection and safeguarding adults register which was discussed at each practice meeting to ensure it was up to date and staff were aware. The GPs 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 the practice nurse were trained to child protection or child safeguarding level 3. Other staff had been 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)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The lead GP 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. The most recent external had taken place in February 2016 and we saw evidence that action was taken to address any improvements identified. Some actions, for example replacing handwashing sinks, were due to be resolved by the practice's move to a purpose built building. Internal audits took place every three months and we saw records of these. General cleaning was conducted by a professional contractor and we saw records of their credentials and training. Clinical waste was stored in

Are services safe?

appropriate receptacles and then placed in a secure bin outside of the building for collection by a professional contractor. General waste was collected weekly by the local council.

- 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. Uncollected prescriptions were reviewed and patients were contacted and passed to the GP where further action was required. 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. We saw that the most recent audit had been carried out in October 2016. Learning points had been identified and shared.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Serial numbers of forms were logged as were the numbers of the pads allocated to each consulting room. GPs consulting rooms were locked when unoccupied and nurse's prescription forms were locked in a cupboard at reception when not in use. Only practice staff had access to these keys.
- Patient Group Directions had been adopted by the practice to allow the nurse 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). The Health Care Assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. (A PSD is the traditional written instruction, signed by a prescriber for medicines to be supplied and/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.

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. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. Health and safety audits were conducted quarterly. We saw that actions identified were completed.
- The practice had up to date fire risk assessments and carried out regular fire drills, the most recent in August 2016. Fire safety systems were tested weekly by the landlord. 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). We saw the last legionella survey had been conducted in 2014 (update due shortly after our inspection). No legionella had been detected.
- 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. The GP partners had another practice close to this practice and were able to share staff in an emergency. Regular locums were used where necessary and we saw a locum pack was available which contained all of the relevant practice information.

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 and there were emergency medicines available in the treatment room.
- The practice had two defibrillators available on the premises and oxygen was available. Records showed these were regularly checked. A first aid kit and accident book were also available.

Are services safe?

- Emergency medicines 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. This included medicines in the GP's bags.

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. All staff had been given a hard copy and had been sent an electronic copy by email. The practice had a reciprocal agreement with the GP partner's other practice to share premises/resources in the event of an emergency.

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 97% of the total number of points available (542 out of 559) with a 6% exception reporting rate. (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 April 2015 to March 2016 showed:

- At 94% performance for diabetes related indicators was similar to the CCG average of 85% and the national average of 90%.
- At 100% performance for mental health related indicators was similar to the CCG average of 88% and the national average of 93%.

We were aware of relatively high levels of exception reporting for peripheral arterial disease (PAD) (22%). We raised this with the GPs were told most of those patients had a mild condition and therefore they were declining medication. They said they would review their register and ascertain whether or not these patients should remain on the register.

There was evidence of quality improvement including clinical audit.

- We looked at four examples of clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. An example of an audit recently undertaken was to reduce antibiotic resistance in the community and to ensure appropriate prescribing of antibiotics according to prescribing guidelines. Criteria was chosen and standards were set. A list of patients who were prescribed three specified antibiotics in previous 12 months was generated. A sample of patients was reviewed to analyse the appropriateness of prescribing antibiotics in their cases. A reduction of prescribing antibiotics was promoted in the practice and patients were educated by counselling and information on display in the waiting area. The first audit was conducted in September 2015 and showed 30% of patients had been prescribed antibiotics in the previous 12 months. The second cycle was conducted in March 2016 and showed the total number of patients prescribed antibiotics had reduced to 26%. An analysis of the results showed the practice had reduced their antibiotics prescribing by 3% for each one of the specified antibiotics (apart from one for which the rate had remained the same).

Information about patients' outcomes was used to make improvements. For example, having become aware of potential irregularities with patients' medication following discharge from hospital the practice reviewed a sample of patients to find out if accurate information had been received in discharge summaries concerning ongoing medication. As a result the process for reviewing patients' medication on discharge from hospital was reviewed. It was confirmed that GPs should check their electronic documents every day and clear all arising tasks. If any hand delivered letters were received the GP on call who dealt with the letter should initial the letter to confirm that the appropriate action had been taken.

Effective staffing

Are services effective?

(for example, treatment is effective)

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, administering vaccines and conducting cervical smears.
- 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 and discussion at practice 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 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. Other health and social care services could access patient records (with consent) and the practice could access hospital records. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. GPs identified patients who may benefit from a multi-disciplinary approach to their care and treatment and produced a list in advance of the meeting for attendees to review and add in their input.

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.

Supporting patients to live healthier lives

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 and those at risk of developing mental illness. Patients were signposted to the relevant service.
- Smoking cessation advice was available from local pharmacies.
- Patients were referred to a local service for advice about drug and alcohol misuse.
- Under the primary prevention scheme patients were referred to physical health advisers who could make referrals for lifestyle activities such as exercise.

Are services effective?

(for example, treatment is effective)

- Patients at risk of unplanned admissions to hospital were referred to a rapid response team who were able to perform and interpret diagnostic tests and undertake a detailed history from the patient. They could also refer patients on to other local services as required.
- Patients receiving end of life care had their details recorded in the Coordinate My Care (CMC) system. This was an online care planning tool which included details of the patient's expressed wishes about their care. This system could be accessed by all professionals involved in that patient's care.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 81% and the national average of 82% (01/04/2014 to 31/03/2015). 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 22% to 92% (CCG 24% to 94%, national 73% to 95%) and five year olds from 66% to 97% (CCG 75% to 93%, national 81% to 95%).

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

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.

We received 42 Care Quality Commission comment cards providing positive feedback about the service. Patients said they felt the practice offered a good or caring or excellent service and staff were helpful, polite and treated them with respect. One comment card was less positive about reception staff and appointments, however this wasn't a common theme.

We spoke with three members of the patient participation group (PPG). 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 patient's views were mixed regarding whether they felt they were treated with compassion, dignity and respect. The practice was average for its satisfaction scores for consultations with GPs. It was below average for consultations with the nurse. For example:

- 72% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 82% and the national average of 89%.
- 74% of patients said the GP gave them enough time compared to the CCG average of 78% and the national average of 87%.

- 94% 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%
- 73% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 77% and the national average of 85%.
- 68% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 91%.
- 74% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% 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 personalised.

Results from the national GP patient survey showed patients' satisfaction with their involvement in planning and making decisions about their care and treatment was broadly average. For example:

- 75% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 70% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75% and the national average of 82%.
- 74% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 85%.

The practice was aware of these scores and had carried out its own patient survey which identified areas where improvement was required. We saw steps had been taken to address these concerns. For example an appointment demand audit carried out in June 2016 showed

Are services caring?

dissatisfaction with the availability of appointments. As a result the practice had increased the number of appointments with the locum GP. A survey had also been carried out in October 2016 following which changes were made to the reception area and the surgery times to reduce congestion in the waiting area. The practice had plans underway to relocate to larger, more modern premises. It was hoped this would further help to improve patient satisfaction.

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.
- Information leaflets were available in easy read format.
- The practice had two self-service check in machines at reception which also allowed patients to give feedback about their experience using the practice. These machines offered 18 different languages.
- Information leaflets could be translated into Braille for sight impaired patients
- A hearing loop was available at the practice.

- The practice had a digital screen in reception which displayed health and practice information and displayed the name of the next patient to be seen

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 27 patients as carers (just below 1% of the practice list). Carers were offered increased flexibility for appointments and were prioritised for telephone appointments. The practice maintained a register for carers and organised quarterly carers' meetings. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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. The practice was involved in initiatives around the screening for and prevention of Chronic obstructive pulmonary disease (COPD) and latent Tuberculosis (TB). The practice provided spirometry testing and patients identified as being at risk of COPD were referred for treatment. Patients fitting certain criteria were offered screening for TB. Any patients testing positive were referred to pharmacies for treatment.

- The practice offered an extended hours service from 6.30pm to 8am where patients could be seen outside the core opening hours. This could suit working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for patients who are too ill to attend the surgery.
- Appointments were available on the day for babies and children.
- Patients were able to receive travel vaccinations available on the NHS. They could receive the vaccinations required for patients going to Hajj privately.
- The consulting and treatment rooms were fully accessible to patients in wheelchairs, however the main entrance did not have disabled access. There was a bell for patients to ring if they required assistance. We were told this issue would be resolved by the practice moving to a new purpose built building.
- There were translation services available.

Access to the service

The practice was open from 9am every week day except Wednesday when it was closed in the morning and opened at 2.30pm. It closed at 2pm on Thursday, 6.30pm on Monday and Friday and 7pm on Tuesday and Wednesday. Consulting times were from 9am to 1pm and 4.30pm to 6.30pm every weekday except Wednesday when there was no morning clinic and Thursday when there was no

afternoon clinic. 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.

Out of hours services were provided through the Newham GP Cooperative which could be contacted via a dedicated local number. Out of hours services were available between 6.30pm to 9am on weekdays except Wednesdays when the service continued until 2.30pm and Thursday when it started at 2pm. The extended hours service operated from 6.30pm to 9pm Monday to Friday and 9am to 1pm on Saturday. An additional capacity service also operated at various local hubs where patients could be seen from 6.30pm to 9pm weekdays, Saturday 9am to 6pm and Sunday 9am to 1pm.

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

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 79%.
- 62% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and the 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.

GPs 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.

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 in the practice leaflet and on the practice's website.

We looked at seven complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learnt from

individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, one complaint was from a patient who was booked with a GP that did not specialise in his condition, leading to a further appointment being required with the appropriate GP. We saw that the practice had investigated the complaint in accordance with their policy. The patient was offered an apology and explanation and the complaint was discussed at a staff meeting. It was agreed in future that patients with that particular issue should generally be booked with the GP that specialised in that condition.

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.

- The practice had a mission statement and 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. Policies were reviewed and updated regularly and we saw evidence that practice policies were discussed with all staff at meetings.
- An understanding of the performance of the practice was maintained.
- The practice carried out regular patient satisfaction surveys and took steps to address concerns identified.
- 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 partners were 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 celebrated occasions together such as birthdays, anniversaries and retirement and Christmas.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The practice was a teaching practice and it recruited apprentices from the local college. The practice had also supported a receptionist to qualify as a healthcare assistant (HCA).

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 management team. For example, they had suggested hand sanitiser be made available in communal areas, which it was. They had also requested a female GP and this request had been met. We saw that the PPG had

Are services well-led?

Good 

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

been very active in communicating the practice's relocation/construction plans with the owners of properties which would be affected. We saw that negotiations between the parties were ongoing. One PPG member had been supported by the practice to attend a training event about PPGs and how they can be used most effectively.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, following feedback from reception staff about the pressures of their role, staffing levels on reception were reviewed to provide extra support. Staff were able to give feedback weekly on a log sheet where they recorded what tasks they had carried out each day and how they felt they had managed. Any issues arising were discussed at staff meetings. Staff told us they felt involved and engaged to improve how the practice was run.

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. The practice was involved in a local clinical commissioning group (CCG) quality improvement scheme around medicines prescribing. The practice had carried out a medicines conciliation audit which involved reviewing two patients out of every 1000 on its list (nine patients). Where there had been a change in these patient's medicines, the records were reviewed to assess if the correct processes had been followed. The practice had achieved its objectives under this scheme. The practice was also involved in a local screening project which was a joint effort with community links to improve bowel and breast screening.