

Shrewsbury Road Surgery

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

Requires improvement



Are services safe?

Good



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Requires Improvement overall. (Previous inspection 19 December 2016 – Inadequate)

At our inspection on 9 November 2017 we found:

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Requires Improvement

Are services responsive? – Good

Are services well-led? - Requires Improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Requires Improvement

People with long-term conditions – Requires Improvement

Families, children and young people – Requires Improvement

Working age people (including those recently retired and students – Requires Improvement

People whose circumstances may make them vulnerable – Requires Improvement

People experiencing poor mental health (including people with dementia) - Requires Improvement

We carried out an announced comprehensive inspection at Shrewsbury Road Surgery on 9 November 2017. We inspected the provider as part of our inspection programme, in response to concerns, to follow up on breaches of regulations.

This inspection was a follow up to earlier inspections carried out on 22 March 2016 and 19 December 2016. Following the inspection on 22 March 2016 the practice was rated inadequate in providing safe services, requires improvement in providing effective, responsive and well-led services, and good in providing caring services. It was rated requires improvement overall and there were breaches of Regulation 12 - Safe care and treatment and Regulation 17 - Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After the inspection the provider submitted an action plan detailing how it would make improvements and when the practice would be meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried an inspection on 19 December 2016 to follow up on the 22 March 2016 inspection and consider whether sufficient improvements had been made for

Summary of findings

provider to meet legal requirements and associated regulations. The practice was rated inadequate in providing responsive and well-led services, requires improvement in providing safe and caring services, good in providing effective services, inadequate overall and was placed in special measures. The provider had made some improvements; however there were new breaches of Regulation 16 - Receiving and acting on complaints and continued breaches of Regulation 17 - Good governance. After the inspection the provider submitted an action plan stating how it would make further improvements and when the practice would be meeting the legal requirements and regulations.

This inspection on 9 November 2017 was an announced comprehensive inspection undertaken following the period of special measures to follow up and consider whether sufficient improvements had been made for provider to meet legal requirements and associated regulations.

Overall the practice is now rated as requires improvement.

At this inspection we found:

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

- The practice had improved patient telephone and appointment access but patient survey feedback such as practice nurses care was not understood or followed up effectively.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Evidence generally showed staff involved and treated patients with compassion, kindness, dignity and respect.
- There was a focus on continuous learning and improvement at all levels of the organisation.
- Governance systems had improved but further improvement or embedding was needed in some areas needed such as business continuity plans and quality improvement.

The areas where the provider must make improvements are:

- Establish and embed effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

An area where the practice should make improvements is:

- Seek to further understand and improve performance data for cervical screening.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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

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

Shrewsbury Road Surgery

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, a practice nurse specialist adviser, and a practice manager specialist adviser.

Background to Shrewsbury Road Surgery

Shrewsbury Road Surgery is situated within NHS Newham Clinical Commissioning Group (CCG). The practice provides services to approximately 13,700 patients under a Personal Medical Services (PMS) contract. The practice has a website www.shrewsburyroadsurgery.co.uk and provides a full range of enhanced services including, child and travel vaccines and extended hours. It is registered with the Care Quality Commission to carry on the regulated activities of maternity and midwifery services, family planning services, treatment of disease, disorder or injury, surgical procedures and diagnostic and screening procedures.

The staff team at the practice includes five GP partners (three male and two female collectively providing 41 sessions per week), three male long term regular locum GPs collectively working 12 sessions per week, three female practice nurses (two working one day per week and the other working three days per week), a female health care assistant working four and a half days per week, a full time practice manager, and a team of reception and administrative staff. The practice also teaches medical students.

The practices' opening hours are:

- Monday, Tuesday, Wednesday and Friday 8am to 7pm
- Thursday 7am to 6.30pm
- Saturday 8am to 1.30pm

The practice closes for lunch for half an hour (12.30pm to 1pm) Monday, Tuesday, Wednesday and Friday and telephone lines continue to be answered during this period.

GP appointments are available:

- Monday, Tuesday, Wednesday and Friday 9am to 12.30pm and 3pm to 6.30pm
- Thursday 9am to 12.30pm

Appointments include home visits, telephone consultations and online pre-bookable appointments. Urgent appointments are available for patients who need them.

The practice provides extended hours for pre-booked appointments from 7am to 8am every Thursday and from 8am to 1.30pm on Saturday. Patients telephoning when the practice is closed are transferred automatically to the local out-of-hours service provider.

The Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The practice told us its patients demographic was approximately 74% "Asian", 7% "Afro Caribbean", 9% "White or White Other", and 10% "Other".

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

We first inspected the practice under the current Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on 22 March 2016. At that inspection we rated the practice as inadequate for providing safe services. Patients were at risk of harm because an unlicensed staff member was responsible for actioning patients' laboratory test results; the practice stopped this arrangement immediately after we noted it and discussed it with staff. There were also concerns regarding significant events management, child protection, staff recruitment checks, patient care plans, chaperoning, and risk assessment and management including fire safety. At our follow up inspection on 19 December 2016, we rated the practice as requires improvement for providing safe services due to concerns regarding monitoring prescriptions, emergency medicines, fire safety and staff recruitment checks.

At this inspection the practice had significantly improved and addressed previous concerns identified. The practice is rated as good for providing safe services.

Safety systems and processes

At our previous inspection on 19 December 2016 the gaps in staff recruitment checks included references, employment history and medical indemnity insurance checks. The practice recruitment protocols were undated and did not state the need for clinician's medical indemnity insurance, registration with the relevant professional body, immunity status, or DBS checks.

At this inspection 9 November 2017 the practice had systems to keep patients safe and safeguarded from abuse, with the exception of ensuring on-going safety of equipment.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to

safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.

- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice protocols included relevant staff checks which were carried out, including references checks, gaps in employment, for medical indemnity insurance and professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- There was no inventory of all electrical equipment or system to ensure all items would be tested or formal arrangements to ensure this would occur in the absence of the practice manager. Staff told us contractors that provided safety testing send the practice a reminder when checks are due. All practice facilities and equipment we looked at were safe and equipment was maintained according to manufacturers' instructions. After our inspection the practice sent us an inventory of all its electrical equipment and a process to ensure necessary safety checks including in the absence of responsible staff.
- The practice business continuity plan for staff absence stated that members of staff cover each other and contact the practice manager to arrange cover, which was unclear.
- There were systems for safely managing healthcare waste.

Risks to patients

At our previous inspection on 19 December 2016 there was no emergency use atropine (recommended for practices

Are services safe?

that fit coils/for patients with an abnormally slow heart rate) and the Glucagon (for emergency treatment of low blood sugar) was not refrigerated and did not have a date when it was removed from the refrigerator as needed.

At this inspection 9 November 2017 the practice had systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- The practice had emergency use medicines including atropine and glucagon that were stored appropriately.
- When there were changes to services or staff the practice assessed and monitored the impact on safety, for example to plan operational arrangements for a GP partner leaving.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

At our previous inspection on 19 December 2016 prescriptions were kept securely but their usage was not monitored.

At this inspection the practice had reliable systems for appropriate and safe prescriptions management and handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship. For example by working in partnership with the local Clinical Commissioning Group (CCG) medicines management team to review prescribing of antibiotics, including higher risk antibiotics between April and September 2017. The practice took actions to educate patients on the appropriate prescribing of antibiotics and prescribers were reminded to prescribe in accordance with the latest guidelines. The prescribing of antibiotics was reduced; including broad spectrum antibiotics and Cephalosporins prescribing fell to 2% of overall antibiotic prescribing.
- Patients' health was monitored to ensure medicines were being used safely and followed up appropriately. The practice involved patients in regular reviews of their medicines, particularly those prescribed multiple and repeat medicines. For example, the practice had carried out medicines reviews for 85% of its patients prescribed four or more medicines, and 73% of all its patients prescribed repeat medicines.

Track record on safety

At our previous inspection on 19 December 2016 most staff had no fire safety training, including the fire safety lead; this was also the case at our 22 March 2016 inspection.

At this 9 November 2017 inspection the practice had implemented arrangements to deliver a safe service.

- There were comprehensive risk assessments in relation to safety issues including fire safety.
- All staff were trained in fire safety and lead staff were trained fire marshalls. The practice also participated in regular fire drills that were arranged and undertaken by the premises landlord.
- The practice had used its CQC inspection reports to monitor and review activity and had developed its own safety systems.

Lessons learned and improvements made

Are services safe?

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example,

after the wrong immunisation was administered to a patient, no harm came to the patient. The practice immediately contacted the patient to apologise, explain the error and invite them in for the correct immunisation. Staff met to discuss the event and analyse what had gone wrong, it was established to be a staff human error which was noted for future vigilance and to prevent future recurrence.

- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

We first inspected the practice under the current Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on 22 March 2016. At that inspection we rated the practice as requires improvement for providing effective services due to concerns regarding processes for patients who had attended accident and emergency or that were discharged from hospital, patient care plans, and a lack of staff meetings engagement and clinical supervision for the practice nurse. We also found staff did not always have the skills, knowledge and experience to deliver effective care and treatment. At our follow up inspection on 19 December 2016, we rated the practice as good for providing effective services because it had addressed the issues identified at the previous inspection.

The practice continues to be rated as good for providing effective services.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice used a patient information board in the reception area that included advice on common ailments and long term conditions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- The practice was not an outlier for any QOF (or other national) clinical targets. (QOF is a system intended to improve the quality of general practice and reward good practice).

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. Over a 12 month period the practice had offered patients a health check. Three hundred and forty seven of 375 (93%) of these checks had been carried out.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

Working age people (including those recently retired and students):

- The practice's coverage for the cervical screening programme was 60%, which was comparable to the CCG average of 64% and below the national average of 78%. This was not in line with the 80% coverage target for the national screening programme. We asked staff for the most recent coverage data for the practice for the year 2016 to 2017 which had increased to 69%. We also checked QOF data for cervical screening that showed the practice's uptake for the cervical screening programme was 76%, which was comparable to the CCG average of 78% and the national average of 81%.

Are services effective?

(for example, treatment is effective)

Exception reporting was 13% compared to 11% within the CCG and 7% nationally. (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). We noted the practice had undertaken a single cycle audit of patient "inadequate" test results of cervical screening and intended to re-audit in 2018. They ensured only clinicians that had received updated training were undertaking this activity.

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those 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 had identified 67 patients on its register with a learning disability, 53 of these patients (75%) received an annual health check.

People experiencing poor mental health (including people with dementia):

- 74% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was comparable to the CCG average of 81% and the national average of 84%.
- 94% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the CCG average of 84% and the national average of 89%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 95%; CCG 89%; national 89%).
- 88% of patients experiencing poor mental health had received a discussion and advice about smoking cessation.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided. For example, in response to its previous CQC inspection report and through clinical audit to improve patient outcomes. Where appropriate, clinicians took part in local and national improvement initiatives. For example, Newham has the highest level of tuberculosis (TB) in the country and the practice took part in a CCG funded research project called the 'CATAPULT' trial which screens and treats patients for latent TB.

The most recent published Quality Outcome Framework (QOF) results were 96% of the total number of points available compared with the clinical commissioning group (CCG) average of 91% and national average of 95%. The overall exception reporting rate was 4% compared with the CCG average of 5% and national average of 6%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).

- The practice used information about care and treatment to make improvements such as best practice guidelines.
- The practice was actively involved in quality improvement activity such as ten clinical audits undertaken in the last two years; four of these were completed audits. For example, the practice undertook a completed audit to ensure prescribing remained in line with best practice guidelines for patients prescribed a medicine for diabetes that can cause complications for certain groups of patients. In the first audit cycle there were 112 patients taking the medicine, 72 of these patients were in a higher risk group and nine in another higher risk group. The practice clinical team reviewed care for all of these patients in line with best practice guidelines and changed patient's medicines accordingly. In the second cycle audit the number of patients prescribed the medicine had reduced to 72, the number in the first higher risk group taking the medicine had reduced to 29, and those in the second higher risk group taking the medicine had reduced to zero.

Effective staffing

Are services effective?

(for example, treatment is effective)

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate.
- There was a system in place for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as requires improvement for caring.

We first inspected the practice under the current Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on 22 March 2016. At that inspection we rated the practice as good for providing caring services. At our follow up inspection on 19 December 2016, we rated the practice as requires improvement for providing caring services due to below average GP Patient Survey satisfaction (GPPS) scores on consultations with GPs and nurses that had not been acted upon.

At this inspection 9 November 2017 the practice GP Patient Survey satisfaction scores on consultations with GPs had improved to become comparable to both local and national averages. However, scores for nurses were below average, had worsened and some showed a significant negative variation. The practice had not taken effective action to further understand or take improvement actions in response to the lower scores.

The practice continues to be rated as requires improvement for providing caring services.

Kindness, respect and compassion

Our observations and data showed staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 50 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test (FFT) and other feedback received by the practice. Recent 2017 FFT results showed the percentage of patients that would recommend the practice was 94% in August, 90% in September and 84% in October.
- The practice had undertaken its own in-house survey that included reviewing patient comments and a

quantitative survey which is a numerical analysis of set patient responses. The individual patient comments indicated patients were predominantly happy with the service, but the practice method of analysing the quantitative survey results was not effective and therefore results could not be relied upon to inform action plans.

- One of the practice improvement actions in response to its GPPS survey results released in both July 2016 and July 2017 was to include questions regarding patient's experiences of nurse's care on the in-house patient survey. Related questions were on the survey questionnaire but no effective quantitative analysis had been undertaken to ascertain themes or patterns in patient concerns to inform improvement. However, the practice had responded to individual comments by arranging customer care training for reception staff.

Results from the July 2017 annual national GPPS survey showed patients generally felt they were treated with compassion, dignity and respect but scores for nurses were below average. Three hundred and seventy one surveys were sent out and 102 were returned. This represented about 1% of the practice population.

- 86% of patients who responded 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%.
- 84% of patients who responded said the GP gave them enough time compared to the CCG average of 78% and the national average of 86%.
- 90% of patients who responded 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%.
- 78% of patients who responded 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 86%.
- 75% of patients who responded said the nurse was good at listening to them compared to the CCG average of 83% and the national average of 91%.
- 68% of patients who responded said the nurse gave them enough time compared to the CCG average of 83% and the national average of 92%.

Are services caring?

- 83% of patients who responded said they had confidence and trust in the last nurse they saw compared to the CCG average of 92% and the national average of 97%.
- 73% of patients who responded 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%.
- 68% of patients who responded said the nurse gave them enough time compared to the CCG average of 83% and the national average of 92%.
- 83% of patients who responded said they found the receptionists at the practice helpful compared to the CCG average of 78% and the national average of 87%.

We noted outcomes of improvement actions the practice had implemented after our previous inspections 22 March 2016 and 19 December 2016, such as changing practice nursing appointments from walk in to pre-bookable, and lengthening the duration of nurse and health care assistant appointments for administering immunisations may not have influenced the survey scores by the time of this inspection. However, these scores were significantly low. Practice nursing staff we spoke to were not aware the below average GPPS scores were a concern, and the evidence management staff had engaged with practice nurses to better understand or improve was limited to the lower scores being mentioned at one practice meeting in September 2017 where one of the team of four practice nurses was present. However, we also obtained direct feedback from 60 patients through 50 CQC patient comments cards received and ten patients we spoke to during our inspection that was all positive. This was the most recent and contemporaneous patient feedback and represented more than half the amount of patients that responded to the practice most recently published GP Patient satisfaction survey.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices

in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff that might be able to support them.

- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers by displaying information on the patient information screen, asking patients whether they were carers and ensuring carers were coded correctly on the system. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 274 patients as carers (2% of the practice list).

- A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.
- Carers were given priority appointments as well as flexible appointments.
- The practice offered opportunistic health checks for carers and invited them to attend dedicated flu clinics and receive a flu immunisation.
- The practice Patient Participation Group (PPG) Chairperson was a Carers UK Ambassador and a Carers champion in the Newham Carers' Network; they assisted the practice carers champion and offered personal support to the practice carers. Staff told us the PPG chair played a major role in proactively finding services and helping signpost and support carers on the practice list.
- The practice supported recently bereaved patients, staff told us that if families had experienced 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.

Results from the national GP patient survey showed patients generally responded positively to questions about their involvement in planning and making decisions about their care and treatment. With the exception of scores relating to nurses care results were in line with local and national averages:

Are services caring?

- 81% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 79% and the national average of 86%.
- 76% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 74% and the national average of 82%.
- 79% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 81% and the national average of 90%. This was the same result as in 2016.
- 65% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 77% and the national average of 85%. This result was 13% lower than the 78% scored in 2016 and a significant negative variation.

After our inspection the practice sent us evidence it had developed and started to implement a specific action plan in response to lower GPPS survey scores for nurses, including a specific in-house patient survey and meeting with nurses.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect and all non-clinical staff had recently completed dignity champions training.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services.

We first inspected the practice under the current Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on 22 March 2016. At that inspection we rated the practice as requires improvement for providing responsive services due to concerns regarding patient telephone and appointment access and limited duration of practice nursing appointments to administer vaccines. At our follow up inspection on 19 December 2016, we rated the practice as inadequate for providing responsive services due to on-going concerns regarding patient telephone and appointment access, national GP patient survey satisfaction scores for patient's access that were below local and national averages, insufficient action taken to improve and unsatisfactory complaints management. We also found the duration of practice nursing appointment times for administering child and travel vaccines had been increased but influenza vaccine appointment times with the health care assistant had been limited to one minute.

At this inspection 9 November 2017 the practice had significantly improved and addressed previous concerns identified by entirely redesigning and improving its appointment system and improving complaints management. The practice had also increased the duration of influenza vaccine appointments with the health care assistant. We noted recent changes may not yet have been reflected in the most recent practice GP patient survey data and evidence we found showed patients experiences of the appointment system had improved and were positive. The practice is now rated as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. (For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, and advice services for common ailments).

- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, a hearing loop was installed in the reception area for patients that were deaf or hard of hearing, signage was clear including a digital display board showing appointment for patients with visual impairment, and there was a baby changing and breast feeding room available.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- One of the GP partners had a special interest in minor surgery and offered this service to the practice patients and patients within Newham CCG. Uptake levels were high and there were a range of procedures offered included sigmoidoscopy and excisions. (A sigmoidoscopy is the minimally invasive medical examination of the large intestine from the rectum through the last part of the colon; skin excision surgery is usually performed on superficial areas of the skin and often under local anaesthesia).

Older people:

- Patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurses also accommodated home visits for those who had difficulties getting to the practice.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- Two of the practice partners were GPs with a special interest in diabetes and the practice offered specialist clinics on a weekly basis for patients with diabetes.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

Are services responsive to people's needs?

(for example, to feedback?)

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- Parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments.
- Telephone and GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The chairperson of the practice Patient Participation Group (PPG) ran a Senior Learning Disability Group and involved Adult Social Services and other organisations, as well as advising the practice and helping signpost vulnerable patients and/ or their carers to local sources of support.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

Timely access to the service

At our inspection on 19 December 2016 we were concerned about patient telephone and appointment access. There was a walk in first come first served patient ticket collection appointment system that did not provide patients with an appointment time or any assurance of being seen the same day. Results from the national GP patient survey showed

that patient's satisfaction with how they could access care and treatment were comparable to or below local and national averages and insufficient action had been taken to improve. Telephone access arrangements were complicated and not accurately reflected on the practice leaflet. The walk in appointment ticketing system could result in less mobile patient's not being able to get to the reception desk as quickly as others, which posed a risk of them being less likely to be able to stand in the queue for long enough to get a walk in appointment, or secure shorter waiting time. Some patients reported difficulty in getting an appointment and appointment systems were unclear and not working to ensure patient's received timely care when they needed it.

At this inspection 9 November 2017 the practice had significantly improved. It had replaced the previous appointment system by removing the ticket collection system, providing three additional phone lines so patients could get through more easily and book appointments by telephone, and heavily promoting online patient access. Patients walking in could also book an appointment and if the need was urgent were seen the same day. Telephone access arrangements were straightforward and accurately reflected on both the practice leaflet and website. We spoke to patients including those who were less mobile and they were satisfied and happy with the new systems for their access to appointments.

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- The practice had a website offered online appointment booking and prescription requests through the online national patient access system.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey mostly showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages, or had started to improve since our previous inspection. This was supported by

Are services responsive to people's needs?

(for example, to feedback?)

patient feedback, observations on the day of inspection and completed CQC comment cards, but was not always markedly reflected in the data which may have been due to the changes being recent.

- 80% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 80%.
- 48% of patients who responded said they could get through easily to the practice by phone compared with the CCG average of 56% and the national average of 71%. However, this was an increase of 8% since 2016, and the practice had recently installed three new telephone lines and taken steps to significantly increase patient's use of booking online appointments. A strong and recurrent theme from the patients we spoke to and patient comment cards was a high level of satisfaction with recent changes to the telephone line arrangements.
- 82% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 64% and the national average of 75%.
- 74% of patients who responded said their last appointment was convenient compared with the CCG average of 67% and the national average of 81%.
- 62% of patients who responded described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 76%. This was an increase of 2% since 2016. Patients we spoke to and CQC comment cards strongly reflected this had recently significantly improved. Comments from the practice in-house survey and FTT also contained positive comments from patients regarding all of telephone, online and mobile phone access to and availability of appointments.
- 22% of patients who responded said they don't normally have to wait too long to be seen compared with the CCG average of 41% and the national average of 58%. This was an increase of 3% since 2016. However, eight of ten patients we spoke to and over a third of CQC patient comments conveyed positive experiences in getting an appointment including reduced waiting times. There was a high level of satisfaction with recent changes to the appointments system. At our previous

inspection waiting times were indeterminate. At this inspection patients told us and comment cards reflected patients were happy with the waiting time to be seen with most we spoke to having booked either online, or the same or previous day.

- Patients and staff told us the new access arrangements felt significantly less stressful and more organised and the ambience within the reception area had improved as a result.

Listening and learning from concerns and complaints

At our previous inspection on 19 December 2016 there was insufficient focus on patient's concerns and learning in complaints management. Care and diligence had not always been demonstrated by the practice when responding to patient's complaints. At this inspection 9 November 2017 the practice had significantly improved its standards of complaints management and demonstrated appropriate care and diligence when managing complaints.

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to complain. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. We reviewed five complaints received since our previous inspection and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, after a complaint from a family member regarding a vulnerable patient ability to manage multiple medicines they had been prescribed. The practice reviewed the medicines for the patient and contacted the patient and their family member with improvements. The practice implemented a system of regular audits for vulnerable patients prescribed multiple medicines to follow up and ensure they remained appropriate and could be managed by the patient.

Are services well-led?

Requires improvement 

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

Our findings

We rated the practice as requires improvement for providing a well-led service.

We first inspected the practice under the current Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on 22 March 2016. At that inspection we rated the practice as requires improvement for providing well-led services due to concerns regarding information governance and assessment and management of risks. At our follow up inspection on 19 December 2016, we rated the practice as inadequate for providing well-led services. Some areas of concern had improved since our previous inspection; however, new concerns relating to emergency medicines and arrangements for prescriptions monitoring were identified. There were also concerns regarding complaints management, patient confidentiality, and staff recruitment checks and induction. The practice's response to their lower GP patient survey scores had not improved patient's outcomes and there was no method for follow up of actions agreed at meetings. There were also weaknesses in arrangements for follow up of vulnerable or at risk patients after discharge from hospital or attendance at accident and emergency.

At this 9 November 2017 inspection the practice had improved and addressed the majority of previous concerns identified, but some issues remained such as quality indicators were not sufficiently well understood or acted upon, weaknesses in business continuity planning and to ensure equipment safety. The practice is rated requires improvement for providing well-led services.

Leadership capacity and capability

We were unable to fully assess whether leaders had the capacity and skills to deliver high-quality care that was also sustainable because the practice had received external support since our previous inspection.

- Leaders had gained further experience to deliver the practice strategy and address risks, but some arrangements to ensure the practice was able to assess and improve its own performance needed further improvement or embedding, such as understanding and responding to below average patient feedback or cervical screening performance data. For example regarding the practice in-house survey analysis; the

practice had grouped questions with yes/no answer options together with questions with yes/no/not applicable answer options, and excellent/ good/ fair/ poor answer options in an amalgamated pie chart analysis of 100%. This method did not derive meaningful data to afford the practice accurate insights into what the data might be telling it. There was no effective process to look further into specific concerns apparent in GP patient survey results or evidence the practice had looked at the most recent GP patient survey results released July 2017 to establish what had improved, worsened or remained the same since 2016 in order to inform effective action planning.

- Staff were knowledgeable about issues and priorities relating to the quality and future of services, they understood the challenges such as improving the appointment system and had made significant progress in addressing them. The practice were also in communications with NHS England regarding the possibility of relocating to a nearby site as part of a wider project to create a hub of extended health care provision and had started business planning for that eventuality.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had worked closely with an external consultant to develop leadership capacity and skills.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients and staff.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population such as to provide for its 10% of patients list size with diabetes.

Culture

Are services well-led?

Requires improvement 

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

The practice had a culture which supported the improvement the quality of care but it was too early to establish whether this was sustainable.

Staff stated they felt respected, supported and valued.

- The practice focused on the needs of patients.
- Leaders and managers had not always taken opportunities to use information to establish whether there were behaviour or performance issues inconsistent with the vision and values, such looking into below average patient survey data for nurses.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints including in sensitive and time critical areas such as in relation to safeguarding children. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was an emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities and roles to support governance and management.

- Structures, processes and systems to support good governance were generally clearly set up, understood and effective. Business continuity arrangements were generally appropriate but had not been clarified or

formalised to cover absence of staff. Staff told us all staff were fully aware of the process relating to cover for their own individual absences and that this has never been an issue for the practice.

- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- There were processes to identify understand monitor and address current and future risks including risks to patient safety, but maintenance of systems including the practice manager diary prompts were dependent on external companies and the practice manager being on duty. However, there were no specific business continuity plans for in the absence of the practice manager. After our inspection staff told us all staff were fully aware of the process relating to cover for their own individual absences and that this has never been an issue for the practice. The practice told us its business plan acknowledges that the practice needs a deputy manager or similar post holder in place, and to have this post filled by the end of January 2018 and that there was a non-written process in place for in the practice manager's absence that all staff were aware of.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality. Data showing performance for cervical screening was slightly below average and elements of this had been included in improvement activity that was underway.

Are services well-led?

Requires improvement 

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

- The practice had plans in place and had trained staff for major incidents and made further improvements to ensure electrical equipment safety in the absence of key staff after our inspection.

Appropriate and accurate information

The practice was continuing to embed and develop acting on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance but non-clinical quantitative information had not been analysed effectively.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information to commence monitoring and improving services but it was too early to assess outcomes. Staff performance management protocols were not sufficiently clear or formalised to cover all roles.
- The information used to monitor performance and the delivery of quality care was not always accurate or useful. Some plans were in place to address identified weaknesses and had delivered improvements.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support service improvement.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, through patient surveys, staff engagement including whole staff team holidays and social outings, and Newham CCG.
- There was an active patient participation group that was actively engaged with the practice and made suggestions that were acted upon such as improvements to the reception area signage and notice boards.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning and continuous improvement.

- There was a focus on continuous learning and improvement at all levels within the practice such as clinical audit, improvements to patient telephone and appointment access, and an updated meeting minutes format to ensure completion of follow up of improvement actions agreed.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to enhance their professional development.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• Patient survey results.• Business continuity in the absence of key staff.• Managing staff performance.• Systems to ensure equipment safety. <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>