

# Dr Philip Abiola

## Quality Report

Lord Lister Health Centre  
121 Woodgrange Rd  
London  
E7 0EP  
Tel: 020 8250 7550  
Website:

Date of inspection visit: 25 July 2016  
Date of publication: 23/09/2016

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?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

### Detailed findings from this inspection

Our inspection team	12
Background to Dr Philip Abiola	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	25

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Philip Abiola on 25 July 2016. Overall the practice is rated as good.

- 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. However, the practice did not have a system for the production of Patient Specific Directions for Health Care Assistants which could put patients at risk.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect. However patient's views about their involvement in their care and decisions about their treatment and about consultations with GPs and nurses should be improved.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Assess and mitigate the risk of unsafe care and treatment by ensuring Patient Specific Directions (PSDs) are put in place for the administration of medicines by the healthcare assistant.

# Summary of findings

The areas where the provider should make improvement are:

- Ensure personnel files include copies of all relevant documentation including proof of identification and qualifications.
- Improve processes to ensure learning from meetings was identified and shared.
- Continue to monitor and review patient's views about their involvement in planning and making decisions about their care and treatment and on consultations with GPs and nurses and take appropriate steps to address these concerns.
- Improve practice performance and patient outcomes, particularly relating to levels of exception reporting.

**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 requires improvement for providing safe services.

- Risks to patients were generally assessed and well managed. However, the practice did not have a system for production of Patient Specific Directions for Health Care Assistants to administer vitamin B12 and vaccines.
- 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.

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. However, at 12% the practice's level of exception reporting was above the CCG and national averages of 7% and 9%.
- 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.

**Good**



### Are services caring?

The practice is rated as good for providing caring services.

**Good**



# Summary of findings

- Results from the national GP patient survey showed patients views about their involvement in planning and making decisions about their care and treatment were not in line with local and national
- The practice was at or slightly below average for its satisfaction scores on consultations with GPs and nurses.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice participated in the Diabetes Alliance for Research in England (DARE) study. They also contributed to a local review of patients with Hepatitis C.
- 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.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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. However processes to ensure learning from these discussions was identified and shared could be improved.

Good



# Summary of findings

- 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
- 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. The lead GP had supported the practice nurse to qualify as a nurse prescriber and a receptionist to become a healthcare assistant.

# 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.

- 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.
- Community Navigators were deployed to help older people find their way to activities or services which they would enjoy or find useful.

Practice used the Rapid Response Team and Virtual ward to prevent unnecessary hospital admissions.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Quality and Outcomes Framework (QOF) performance in 2014/15 for diabetes related indicators was 94% which was above the CCG average of 86% and the national average of 89%.
- 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.
- The lead GP ran a long-term conditions clinic at the practice every Friday specifically to review patients with long term conditions (although they could be seen at any other time as well).
- The practice was proactive about ensuring patients attended for monitoring and annual review.

Good



### Families, children and young people

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

Good



# Summary of findings

- 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 85% which was comparable to the CCG average of 81% and the national average of 82%
- The practice offered sexual health screening, pregnancy tests and emergency contraception and sign posted patients to the genitourinary medicine clinic.
- The practice ran a regular menopause clinic led by the female GP.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

## 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).

- 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.
- The practice offered late afternoon appointments until 6.30pm and telephone appointments.
- Extended Hours at the practice were offered on Tuesdays and Thursdays nights 6.30-9.00pm and Saturday mornings 9.00 am to 1.00pm. They were also accessible on other evenings from various other practices in the borough.

Good



## 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





# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Patients who were homeless were able to use the practice address as their home address to receive mail.
- 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).

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 93% which was comparable to the CCG average of 84% and the national average of 88%.
- Hard to reach patients with severe mental illnesses were prioritised and seen on the day without appointments.
- 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. We saw evidence that nearly all the patients on the practice's dementia register had received a care plan review in the last year.
- The practice met with representatives from the Community Mental Health Team (CMHT) every two months to discuss relevant patients. They also ran a clinic at the practice. A consultant psychiatrist attended the practice to treat patients and advise on complex cases.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



## Summary of findings

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 396 survey forms were distributed and 94 were returned. This represented 3% of the practice's patient list.

- 74% of patients found it easy to get through to this practice by phone compared to the CCG average of 61% and the national average of 73%.
- 73% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 66% and the national average of 76%.
- 71% of patients described the overall experience of this GP practice as good compared to the CCG average of 76% and the national average of 85%.

- 59% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 69% and 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 38 comment cards which were all positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

# Dr Philip Abiola

## 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 an Expert by Experience.

## Background to Dr Philip Abiola

Dr Philip Abiola is situated in Lord Lister Health Centre 121 Woodgrange Road, Forest Gate, Newham, E7 0EP. It is one of three separate GP practices situated in the health centre. The practice Provides NHS primary care services through a Personal Medical Services contract to approximately 3684 patients living in the London Borough of Newham. Forest Gate is a town in the north west of Newham. The practice is located on a main road which is well served by public transport. Parking facilities in the area are limited, however a few spaces are available to the front of the building.

The practice is staffed by a lead GP (male) and a salaried GP (female). There is also a Nurse Practitioner (female) and a health care assistant (HCA). Non-clinical roles are carried out by a practice manager and four receptionists. The lead GP works six sessions and the salaried GP eight sessions per week.

The population distribution of the practice area shows a higher than average proportion of patients aged 25 to 34. The white British ethnic group is the largest ethnic group in the borough accounting for 17% of the population. Indian is the largest ethnic minority group in Newham accounting for 14% followed by African at 12%. Female life expectancy in Newham is 81 years, one and a half years less than the England average of 83. Male life expectancy in Newham is

76 years, nearly two and a half years less than the England average of 79 years. Newham is the third most deprived local authority area in England. The area has a higher percentage than national average of people whose working status is unemployed (13% compared to 5% nationally) and a lower percentage of people over 65 years of age (7% compared to 17% nationally).

The practice is open between 8.30am and 6.30pm Monday to Friday. Appointments vary depending on the clinician. Appointments are available with the lead GP from:

- 9.30am to 12.30pm and then 5.30pm to 6.30pm Monday and Wednesday
- 9.30am to 12.30pm Tuesday
- 9.30am to 12.30pm Friday

Appointments with the salaried GP are from:

- 9.30am to 12.30pm and 2.30pm to 5.30pm Monday, Tuesday and Wednesday and 9.30am to 12.30pm Thursday and Friday

Appointments with the nurse are from:

- 9am to 1pm and 1.30pm to 5pm on Monday
- 4pm to 6pm on Wednesday

Appointments with the healthcare assistant are from 9.30am to 1pm on Monday, Wednesday Thursday and Friday.

Outside of these hours the practice's out of hours provider, Newham GP Co-operative, sees patients from 6.30pm to 8.30am the following day, on Thursday from 1pm to 8.30am, on Fridays 6.30pm to Monday 8.30am and on bank holidays.

# Detailed findings

An extended hours service also provided by Newham GP Co-operative runs on Tuesday and Thursday from 6.30pm to 9pm and Saturdays 9am to 1pm. Patients can book their own appointment.

An Additional Capacity service is provided by Newham GP Coop which operates seven days a week. Appointments can be booked from 9am to 6pm on a designated number. Appointments are available from 6.30pm to 9.30pm Monday to Friday, 9am to 6pm on Saturday and 9am to 1pm on Sunday. This service is not held at the practice but at one of the six designated hubs in Newham. The NHS 111 service was also available.

Dr Philip Abiola is registered with the CQC to provide the regulated activities of Diagnostic and screening procedures, Maternity and midwifery services, Surgical procedures, Treatment of disease, disorder or injury.

## 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 25 July 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, management and support 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 carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident where a patient had mistakenly received a double dose of vitamin B12, the incident was reviewed and discussed at clinical and staff meetings. In order to prevent a repetition, it was decided that in future, the clinician should always look at the last few entries on the patient records and confirm with the patient the reason for their attendance, rather than making an assumption based on the alerts in the patient's records. We saw evidence that the patient was kept informed of the investigation and the actions taken to improve the process and avoid repetition.

### 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 flagged patients on the child protection register. 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 were trained to child protection or child safeguarding level 3. The nurse and health care assistant (HCA) were trained to level 2. Non-clinical staff had received safeguarding training from the practice manager. The practice manager had received adult safeguarding training and child safeguarding training to level 2. We saw evidence that safeguarding was discussed during staff meetings.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The 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. There were alerts on the computer system for all patients on high risk medicines such as Warfarin which would only be authorised after the relevant blood

# Are services safe?

tests had been carried out. 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.

- Data showed the practice had achieved the highest level of antibiotic reduction in Newham CCG in the first two quarters of the year 2015/16.
- Blank prescription forms and pads were securely stored in a locked cupboard overnight. The serial numbers were logged to ensure their use was monitored.
- The practice nurse had recently qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow the nurse to administer medicines in line with legislation. However, there were no patient specific prescriptions or directions for the Health Care Assistant (HCA) to administer vaccines and medicines.
- We reviewed three personnel files and found some items were missing. For example, for the salaried GP there was no proof of qualification although there was evidence of registration with the relevant professional body. For one receptionist there was no proof of identification on file, however the manager confirmed they had seen it. There were no interview notes in any of the files we reviewed. The practice manager undertook to ensure these were retained in future.

## 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. The landlord of the premises in which the practice was based was responsible for cleaning and for most aspects of health and safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. We saw records of fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was

working properly. Infection control audits and legionella testing were carried out. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Cover for leave and busy periods was arranged between existing staff. Locums or agency staff were not used.

## 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 landlord provided a defibrillator which was stored in the reception area. This was shared between all three practices at the centre. Oxygen with adult and children's masks was available. This was maintained by one of the other practices. A first aid kit and accident book were available.
- 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.

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. Copies were kept off site in case the building became inaccessible. The practice had reciprocal arrangements with another practice in the same building and an external practice in case the whole building became unusable.



# 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. Nice guidelines were discussed at weekly clinical meetings, although these were not minuted.
- 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 92% of the total number of points available (513 out of 559 points) with an exception reporting rate of 12%. (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 saw evidence the practice was proactive about contacting patients to attend for regular reviews and several attempts were made to contact patients before they were excepted. We were told the local population was largely transient meaning they were difficulties tracing and contacting some patients.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from April 2014 to March 2015 showed:

- Performance for diabetes related indicators was 94% which was above the CCG average of 86% and the national average of 89%.

- Performance for mental health related indicators was 87% which was in line with the CCG average of 87% and below the national average of 93%.

There was evidence of quality improvement including clinical audit.

- There had been two completed clinical audits in the last two years, 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. For example there had been an audit of newly diagnosed patients with type 2 diabetes who had been referred for structured diabetes education at diagnosis. The official standard was that all newly diagnosed patients with diabetes should be offered structured education. It was found that for the audit year (2015/16) 23 new patients were diagnosed with Type 2 diabetes and seventeen (73.9%) were referred to the structured diabetes education programme. The results were presented at the practice's clinical meeting and measures were put in place to improve this. Following a re-audit the results showed seven patients were diagnosed in the re-audit period of 3months and all seven had been referred for structured education.

Information about patients' outcomes was used to make improvements such as the review and improvement in the process for prescribing medicines to aid in weight loss. This followed an audit where it was discovered that some patients were being prescribed this medicine inappropriately and that for many of these patients the medicine had been of limited effect.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term



# Are services effective?

## (for example, treatment is effective)

conditions. Staff attended training which included phlebotomy and update courses for various injections. Staff had protected learning time every Thursday afternoon.

- 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 apart from the salaried GP, who had recently joined the practice, had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness and basic life support. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a three monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Discussions with the health visitor took place every week to discuss any patients of concern. The practice met with representatives from the community mental health team (CMHT) every two months to discuss relevant patients. They also ran a clinic at the practice. A consultant psychiatrist attended the practice to treat patients and advise on complex cases. The aim was to reduce the number of patients attending secondary care and improve patient involvement in their care. We saw evidence that patient records were shared appropriately with other services such as out of hours providers, district nurses and community nurses where necessary.

### 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. We saw evidence that discussions with these patients concerning consent were fully recorded on the patient's notes.
- 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. Patients were signposted to the relevant service.
- The local substance misuse team ran fortnightly drug clinics from the practice and we saw evidence of good working relationships between them and the practice.
- The practice had sixteen patients with learning difficulties. Records showed all of these patients had received an annual health check.
- The practice maintained a register of patients at risk of unplanned admissions to hospital. If they were

# Are services effective?

(for example, treatment is effective)

admitted, following discharge the practice contacted them to assess if their care plans needed altering and they had any further needs. Records showed 71% of patients on this register had received a review within the last year.

The practice's uptake for the cervical screening programme was 80%, which was above the CCG average of 69% and the national average of 74%. 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 vaccines given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 8% to 90% (CCG average of 6% to 92%) and five year olds from 82% to 98% (CCG average 82% 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.

All of the 38 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG). 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 mostly patients felt they were treated with compassion, dignity and respect. The practice was at or slightly below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 79% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 75% of patients said the GP gave them enough time compared to the CCG average of 79% and the national average of 87%.
- 87% 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%.

- 67% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 76% and the national average of 85%.
- 70% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 80% 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 views about their involvement in planning and making decisions about their care and treatment were not in line with local and national averages. For example:

- 74% 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%.
- 68% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 74% and the national average of 82%.
- 66% 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%.

We raised with the lead GP the issue of the lower levels of patient satisfaction in certain areas. We were told there was a period in 2015 when the lead GP was only one GP at the practice. Some patients had expressed dissatisfaction due to the lack of choice of GP at that time. Additionally, no female GP had been available. There had also been performance issues with the previous nurse who had since left the practice. There was now a new nurse who had been

## Are services caring?

at the practice for just over a year a new female GP had been employed. It was anticipated this would lead to improvements in patient feedback and the practice undertook to continue to monitor this.

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. Double appointments were offered for patients requiring the assistance of an interpreter.
- Information leaflets were available in easy read format.
- Staff printed off information from the internet for patients to help them understand their conditions and treatment options.

### **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 59 patients as carers (2% of the practice list). Patients were asked about any caring responsibilities during their new patient check and this was recorded in their records. 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, the 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. The GP also attended patient's funerals were possible.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice participated in the Diabetes Alliance for Research in England (DARE) study. The aim of the DARE study is to understand the role of environmental and genetic influences in diabetes and its associated complications. The practice also contributed to a local review of patients with Hepatitis C, the aim of which was to ascertain the reasons why patients apparently tended not to seek treatment and to assess if patients should be routinely tested.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available. There was a hearing loop available, however it belonged to another practice which shared the building.

### Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Appointments varied depending on the clinician. Appointments were available with the lead GP from:

- 9.30am to 12.30pm and then 5.30pm to 6.30pm Monday and Wednesday
- 9.30am to 12.30pm Tuesday
- 9.30am to 12.30pm Friday

Appointments with the salaried GP were from:

- 9.30am to 12.30pm and 2.30pm to 5.30pm Monday, Tuesday and Wednesday and 9.30am to 12.30pm Thursday and Friday

Appointments with the nurse were from:

- 9am to 1pm and 1.30pm to 5pm on Monday
- 4pm to 6pm on Wednesday

Appointments with the healthcare assistant were from 9.30am to 1pm on Monday, Wednesday Thursday and Friday.

Outside of these hours the practice's out of hours provider, Newham GP Coop, saw patients from 6.30pm to 8.30am the following day, on Thursday from 1pm to 8.30am, on Fridays 6.30pm to Monday 8.30am and on bank holidays.

An extended hours service also provided by Newham GP Coop ran on Tuesday and Thursday from 6.30pm to 9pm and Saturdays 9am to 1pm. Patients could book their own appointment.

An Additional Capacity service was also provided by Newham GP Coop which operated seven days a week. Appointments could be booked from 9am to 6pm on a designated number. Appointments were available from 6.30pm to 9.30pm Monday to Friday, 9am to 6pm on Saturday and 9am to 1pm on Sunday. This service was not held at the practice but at one of the six designated hubs in Newham. The NHS 111 service was also available.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. Telephone appointments were available and where necessary, patients were advised to attend the practice in person.

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.

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 78%.
- 74% of patients said they could get through easily to the practice by phone compared to the CCG average of 61% 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

# Are services responsive to people's needs?

(for example, to feedback?)

- the urgency of the need for medical attention.

Patients were asked to contact the practice before 10am to request a home visit. The patient or carer was contacted 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.

- 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. This was available in the practice leaflet and in a separate complaints leaflet available at reception. This leaflet also invited patients to provide feedback about telephone access, appointments and staff attitude.

We looked at three complaints received in the last 12 months and found they were satisfactorily handled, dealt with in a timely way, with openness and transparency. 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, following a complaint regarding a repeat prescription not being processed, the repeat prescription policy was reviewed and discussed in a staff meeting. It was emphasised to staff that all prescriptions must be actioned and any queries must be shown to the GP if the manager was not available.



# 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 did not have an articulated mission statement which was displayed in the waiting areas. However staff knew and understood the practice's values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. However improvements were required to improve some patient feedback about the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However the practice had failed to ensure correct procedures for health care assistants administering certain medicines were followed.

### 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. At the time of the inspection the lead GP was undertaking post graduate studies specialising in diabetes. He was also the CCG clinical lead for cancer and lead educational meetings in that role.

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. We noted team social events were held at Christmas time and to celebrate staff birthdays.
- 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.

### 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

# Are services well-led?

Good 

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

proposals for improvements to the practice management team. For example, the PPG had proposed changes to be made to the seating arrangement in the reception area. As the reception area was shared with the other practices in the building patients were unsure where to sit. The PPG suggested changing the colour of the seats to make it clear where patients for this practice should sit. This had been done. Patients had also expressed a need for a female GP at the practice. The practice had responded by hiring a female GP.

- The practice had reviewed the results of its patient survey and had taken steps to address these concerns including making unused online appointments for same day appointments, actively directing patients to the additional capacity service and encouraging patients to use the online services and telephone appointments.
- 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 one receptionist had raised a concern about appointments running late due to the use of interpreters. As a result the appointment system

was changed so that double appointments were routinely booked when an interpreter was required. 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 lead GP had supported the practice nurse to qualify as a nurse prescriber and a receptionist to become a healthcare assistant.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was involved in a study about latent Tuberculosis (TB) being done by a local university. As part of this study, the practice the practice asked all new patients who had recently arrived in the country to take a blood test to check for latent TB. Where the result was positive, the patient was contact to receive advice and/or treatment from the GP. Where necessary patients were referred further investigation. The aim of this study was to ascertain the extent of the prevalence of latent TB in the local area and to prevent it developing into full TB, which was a particular problem in the Newham area.



This section is primarily information for the provider

## 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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment
Maternity and midwifery services	<b>How the regulation was not being met:</b>
Surgical procedures	Patients were at risk of unsafe care and treatment as the provider had failed to ensure Patient Specific Directions (PSDs) were in place for the administration of medicines by the healthcare assistant.
Treatment of disease, disorder or injury	This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.