

Wood Street Health Centre

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Requires improvement	
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	10

Detailed findings from this inspection

Our inspection team	11
Background to Wood Street Health Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	24

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Wood Street Health Centre on 04 August 2016. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- National GP patient survey results showed patients did not always feel they were treated with compassion, dignity and respect. However the practice was taking effective action to improve patients' experience of the caring aspects of care.
- Patients found it difficult to access the service. The provider was taking action to improve the responsiveness of the service, with some success for example around telephone access to the practice, however performance remained below average.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- 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.
- 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:

- Ensure care and treatment are provided in a safe way for patients.

Summary of findings

The areas where the provider should make improvement are:

- Keep under review and continue to build on its success on improving patients' experience of the caring aspect of the services provided, in particular consultations with nurses.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average except for uptake of the cervical cancer screening test. The practice was taking action to improve performance in this area including training more female sample takers at the practice and producing information for patients about the test in other languages as well as English. The practice was planning a women's health education day at the surgery to include raising awareness of the cervical cancer screening test amongst patients.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Patients we spoke with said they were treated with compassion, dignity and respect. The practice was taking effective action to improve those aspects of care where data from the national GP patient survey showed patients rated practice lower than others.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients said they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- The practice was participating in the local carers association Carers / Primary Care Liaison Project to develop the services and support the practice offered carers

Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

- National GP patient survey results showed patients found it more difficult to get an appointment at the practice compared with the national average and were less satisfied with the practice's opening hours. The provider had made some progress in improving access to the service, but several aspects of responsiveness remained below average.
- Patients said it was difficult to make an appointment, especially with a named GP. They said urgent appointments were available the same day when they needed them, however.
- 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.

Requires improvement



Are services well-led?

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

- The practice had a clear vision and aims and objectives 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.

Good



Summary of findings

- There was an overarching governance framework which supported the delivery of the aims and objectives 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.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and same day appointments for those with enhanced needs.
- For those patients with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- There was a lead GP in the practice for care of the elderly.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance against diabetes related indicators was in line with local and national averages. The practice held diabetes nurse specialist clinics on Monday and Wednesday, and appointments were also available on Saturday morning.
- A respiratory nurse did one session a week at the practice.
- 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 practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. 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.

Summary of findings

- Uptake of the cervical cancer screening test was below national and local averages. The practice was taking action to improve performance in this area including training more female sample takers, producing patient information about the test in community languages, and planning health education events for women at the practice.
- Appointments were available outside of school hours and the premises were suitable for children and babies. There was a first on call service for children aged under five years.
- There was a lead GP in the practice for women's issues and a lead GP for child health.
- We saw positive examples of joint working with midwives based at Wood Street Health Centre.

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.

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.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



Summary of findings

- There was a lead GP in the practice for haemoglobinopathies (red blood cell disorders, for example Sickle Cell Disease), and a lead GP for palliative care.

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).

- 83% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average.
- Performance against mental health related indicators was in line with local and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The shared care substance misuse service was based at the practice.
- Staff had a good understanding of how to support patients with mental health needs and dementia. There was a lead GP in the practice for mental health.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. They contain aggregated data collected from January-March 2015 and July-September 2015. Three hundred and forty nine survey forms were distributed and 103 were returned. This represented one per cent of the practice's patient list.

The results showed the practice was performing below national averages:

- 28% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 52% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 48% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 40% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

The practice was learning from these results, taking action to improve patients' experience of the service, and carrying out patient surveys to monitor the success of its action plans. The practice carried out a survey in October 2015 which showed improvement, for example 42% of

the 202 respondents rated their ability to get through to the practice on the phone as fair, good, very good, or excellent. This performance remained below the national average of 73% however.

The practice patient survey in October 2015 also showed 51% of 179 respondents to the question rated how quickly they usually get seen when willing to see any doctor as poor or very poor.

The practice did not provide Friends and Family Test results.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were all positive about the standard of care received. Patients commented staff were caring and kind, listened and explained well, and provided good treatment and advice. Two cards included comments about difficulty getting and appointment and waiting a long time to be seen after the appointment time.

We spoke with eight patients during the inspection. Their opinion of the practice overall was that it was very good. They said they were treated well by staff, and most said they felt involved in their treatment and care and that the doctor and nurse explained things well. They said they could choose to see a male or female GP, and would be seen the same day if it was an emergency. Patients were unhappy however that they might have to wait up to two weeks for a routine appointment, and that the surgery did not always run to time.

Wood Street Health Centre

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 Advisor and an Expert by Experience.

Background to Wood Street Health Centre

Wood Street Health Centre is in Walthamstow in east London. It is one of the 45 member GP practices in NHS Waltham Forest Clinical Commissioning Group (CCG).

The practice is located in the third more deprived decile of areas in England. At 78 years, male life expectancy is less than the England average of 79 years. At 84 years, female life expectancy is greater than the England average of 83 years. The provider tells us 48% of the practice's patients are from a black or minority ethnic population.

The practice has approximately 10,300 registered patients. It has more patients in the 0 to 9 years and 25 to 39 years age ranges than the England average, and fewer in the 55 to 85+ years age ranges than the England average. Services are provided by Waltham Forest Community And Family Health Services Limited under a Personal Medical Services (PMS) contract with NHS England.

The practice is in purpose built premises which are fully wheelchair accessible. There are 9 consulting rooms and one nurse's room.

Wood Street Health Centre is a training practice for qualified doctors wishing to specialise in General Practice.

Seven GPs work at the practice, three male and four female, making up the equivalent of five whole time staff (WTE). There are four nurses including two nurse prescribers, one of whom is a diabetes nurse specialist, and a trainee practice nurse. Together they make up 2.2WTE. The clinical staff are supported by a team of receptionist, administrative and secretarial staff headed up by a full time practice manager.

The practice's opening times are:

- 8.00am to 6.30pm Monday, Tuesday, Wednesday and Friday.
- 8.00am to 1.30pm on Thursday.
- 8.30am to 1.00pm on Saturday.

Patients are directed to an out of hours GP service outside these times.

Doctor and nurse appointments were available between:

- 8.30am to 12.00pm and 4.00pm to 6.30pm Monday, Tuesday, Wednesday and Friday.
- 8.30am to 1.00pm on Thursday.
- 8.30am to 1.00pm on Saturday (extended hours).

Waltham Forest Community And Family Health Services Limited is registered with the Care Quality Commission to carry on the following regulated activities at Wood Street Health Centre, 6 Linford Road, London E17 3LA: Diagnostic and screening procedures, Family planning, Maternity and midwifery services, and Treatment of disease, disorder or injury.

Detailed findings

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.

We had not inspected this practice before.

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 04 August 2016. During our visit we:

- Spoke with a range of staff (GPs and practice management, nursing, receptionist and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for.
- 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 incident reports 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, the practice developed and implemented a protocol for dealing with patients arriving at the practice with chest pain to ensure they always received appropriate attention, treatment and care.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs always provided reports where necessary for other agencies. Staff demonstrated they understood their

responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3.

- 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. There was an infection control protocol in place and staff had received up to date training. The last formal full infection control audit was undertaken in 2013 and we saw evidence that action was taken to address any improvements identified as a result. The provider reviewed infection prevention and control practise, arrangements, policies and protocols, with all staff annually as part of update and refresher training.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Two of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed one personnel file and found appropriate recruitment checks had been undertaken prior to

Are services safe?

employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in

place for all the different staffing groups to ensure enough staff were on duty. The practice was in the process of recruiting staff to fill two vacancies in the non clinical team.

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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. 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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments and audits.

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 99% of the total number of points available. Exception reporting rates were similar to CCG and England averages, and the combined overall total for the clinical domain was 13% (CCG average 10%, England average 9%).

This practice was an outlier for one clinical target only:

- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding five years was 71%. The CCG average was 81% and the England average was 82%. The practice was taking action to improve performance in this area. It had invited the MacMillan GP for Waltham Forest (the local cancer clinical lead) to visit the practice in July 2016. Following this visit the practice was arranging training for more female staff to be available to take smears and was sourcing information about the test for patients in other languages as well as English. The practice was also planning further patient education activities as part of its next women's health day.

Data from 2014/15 showed:

- Performance for diabetes related indicators was comparable to national averages, for example the

percentage of people with diabetes in whom the last IFCC-HbA1C (a measure of blood sugar levels) is 64 mmol/mol or less in the preceding 12 months was 80% (national average 78%), the percentage in whom the last blood pressure reading within the preceding 12 months is 140/80 mmHg or less was 79% (national average 78%), and the percentage whose last measured total cholesterol within the preceding 12 months is 5 mmol/l or less was 77% (national average 81%).

- Performance for mental health related indicators was comparable to the national average, for example, 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 was 91% (national average 88%), and the percentage whose alcohol consumption has been recorded in the preceding 12 month was 93% (national average 90%).

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits carried out in the last 12 months, two of these were completed two-cycle audits where the improvements made were implemented and monitored. For example, one of the two-cycle audits showed that action taken by the practice had increased the proportion of women with heavy menstrual bleeding (HMB) who had reviewed their treatment with their doctor in line with NICE guidelines, from 31% to 50% over a 12 month period. A second action plan was put in place to increase the proportion further and the practice planned to repeat the audit again in six months' time. The practice had carried out this audit as part of its improvement plan for women's care.
- The practice participated in local audits and national benchmarking.
- Findings were used by the practice to improve services. For example, the practice was considering ways of improving follow up of patients taking orlistat to manage obesity following an audit which showed follow up at three months was recorded for half of the patients only. NICE guidance recommends that orlistat therapy should only be continued after three months if a person had lost more than five per cent of their initial body weight.

Are services effective?

(for example, treatment is effective)

Information about patients' outcomes was used to make improvements, such as the women's care improvement plan the practice had put in place in response to poor performance against cervical screening targets. The plan included, for example, a well woman awareness day as well as the heavy menstrual bleeding audit.

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 fire safety, health and safety, and confidentiality. Training specific to the person's role would be included in the induction programme also, for example safeguarding and infection prevention and control.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- 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 and team meetings, clinical supervision, and facilitation and support for revalidating GPs and nurses. A schedule was in place for all staff to have a formal appraisal this year and the practice was completing this schedule. The practice had fallen behind with formal appraisals in the last 18 months because of staff vacancies. Staff we spoke with said they felt their training and development needs had been met nonetheless.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and infection control. Staff had access to and made use of e-learning training modules and in-house training.

- The practice was taking part in schemes to develop the clinical pharmacist role in primary care and to enable qualified nurses to become practice nurses. The practice had a trainee clinical pharmacist and trainee practice nurse as part of the clinical team.

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 regular basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

Are services effective?

(for example, treatment is effective)

- 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 practice offered a smoking cessation service once a week.

The practice's uptake for the cervical screening programme was 71% which was below the CCG average of 81% and the national average of 82%. Its exception reporting rate for cervical screening uptake was low also (practice 3%, CCG 9%, England 6%). The practice was taking action to improve uptake including training more female sample takers and sourcing information for patients about the test in different languages. It had put in place a policy of sending text reminders to women about their appointment for the test and contacting non-attenders to make another appointment with them. The practice was also planning a women's health day to help raise awareness of the test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Uptake for the bowel cancer screening test was similar to local and national averages (practice 48%, CCG 46%, England 55%). The practice recognised further work was needed to improve uptake of the breast cancer screening test (practice 51%, CCG 70%, England 73%), as part of its women's health education initiatives.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 74% to 94% (CCG 74% to 87%), and to five year olds from 68% to 91% (CCG 64% to 87%).

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

National GP survey results showed patients did not always feel well supported or cared for. The provider had learned from these results and was taking effective action to involve and encourage patients to be partners in their care and in making decisions.

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 29 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 two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in January 2016, which contain aggregated data collected from January-March 2015 and July-September 2015, showed patients felt they were not always treated with compassion, dignity and respect. The practice was comparable to or below average for its satisfaction scores on consultations with GPs and nurses:

- 78% 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%.

- 73% of patients said the GP gave them enough time compared (CCG 80%, national 87%).
- 90% of patients said they had confidence and trust in the last GP they saw (CCG 91%, national 95%).
- 72% of patients said the last GP they spoke to was good at treating them with care and concern (CCG 78%, national 85%).
- 72% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG 84%, national 91%).
- 72% of patients said they found the receptionists at the practice helpful (CCG 84%, national 87%).

The practice was taking action to improve patients' experience of the service and was carrying out patient surveys to monitor the success of the action. The practice survey carried out in October 2015 showed patient experience was good or improving:

- 84% of the 192 respondents to the question rated how well the doctor listened to what they had to say as good, very good, or excellent.
- 88% of the 188 respondents to the question rated the amount of time the doctor spent with them as good, very good or excellent.
- 91% of the 192 respondents to the question rated the doctor's caring and concern for them as good, very good or excellent.
- 74% of the 204 respondents to the question rated how well they were treated by receptionists at the practice as good, or very good, or excellent.

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 published in January 2016, which contain aggregated data collected

Are services caring?

from January-March 2015 and July-September 2015, showed patients did not always respond positively to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 72% 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 (CCG 74%, national 82%).
- 68% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG 79%, national 85%).

The practice was taking action to improve patients' experience of the service and was carrying out patient surveys to monitor the success of the plan. The practice survey carried out in October 2015 showed patient experience was good in respect of GP consultations.

- 91% of the 195 respondents to the question rated how well the doctor explained their problems or any treatment that they need as good, very good or excellent.
- 89% of the 189 respondents to the question rated how much the doctor involved them in decisions about their care as good, very good, or excellent.

The practice patient survey did not contain any questions about nurse consultations.

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.
- The practice had developed information leaflets in response to its patients' specific needs, for example on health lifestyle (exercise, diet, alcohol and smoking), and contraception.

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 93 patients as carers (one percent of the practice list), and was participating in the local carers association Carers / Primary Care Liaison Project to develop the services and support it offered carers. Written information in English and in community languages was available to direct carers and young carers to the various avenues of support available to them, and a carers information pack was available on request.

Staff told us that if families had suffered bereavement, the practice sent them a letter offering their condolences, further support from the GP or practice nurse, and contact details for bereavement organisations.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

National GP survey results showed the practice did not always meet people's needs. The provider was taking action, however limited progress had been made and performance continued to be below average for some aspects.

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours appointments on Saturday morning for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for 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.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice's opening times were:

- 8.00am to 6.30pm Monday, Tuesday, Wednesday and Friday.
- 8.00am to 1.30pm on Thursday.
- 8.30am to 1.00pm on Saturday.

Patients are directed to an out of hours GP service outside these times.

Doctor and nurse appointments were available between:

- 8.30am to 12.00pm and 4.00pm to 6.30pm Monday, Tuesday, Wednesday and Friday.
- 8.30am to 1.00pm on Thursday.
- 8.30am to 1.00pm on Saturday (extended hours).

In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey published in January 2016, which contain aggregated data collected from January-March 2015 and July-September 2015, showed that patients' satisfaction with how they could access care and treatment was below local and national averages, in some cases significantly below:

- 59% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 78%.
- 28% of patients said they could get through easily to the practice by phone (CCG 61%, national 73%).

The practice was taking action to improve patients' experience of this aspect of the service and was carrying out patient surveys to monitor the success of the action. The practice survey of 202 patients carried out in October 2015 showed some improvement only:

- 86% of patients rated the hours the practice was open for appointments as fair, good, very good, or excellent. Also, CCG data showed that in hours A&E attendance by the practice's patients was in line with the Waltham Forest average and below the locality average.
- 42% of patients rated their ability to get through to the practice on the phone as fair, good, very good, or excellent. While an improvement, this result still fell short of the national average of 73%.
- 51% of 179 respondents to the question rated how quickly they usually get seen when willing to see any doctor as poor or very poor.

People told us on the day of the inspection that they were able to get same day appointments when they needed them, but that the wait of up to two weeks for a routine appointment was too long.

The practice had recently made changes to the appointment system including for example on the day appointments, designated slots for patients requesting fitness to work certificates, and more telephone consultations. Staff told us they had received training on

Are services responsive to people's needs?

(for example, to feedback?)

the new system and that the changes were making a positive difference. The provider planned to measure the impact of the changes formally at a future date, to be determined.

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 including a summary leaflet and information on the practice's website.

We looked at seven complaints received in the last 12 months and found they were satisfactorily handled and dealt with in a timely and open way. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, following the analysis of complaints received in 2015-16 the practice had put in place a system for keeping patients and staff informed staff when doctors were running late, and for keeping fax records to maintain an audit trail of repeat prescriptions sent to the pharmacy.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had clearly articulated aims and objectives.
- Staff demonstrated commitment to realising the practice's aims and an understanding of their role in achieving its objectives.

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.
- GP clinical leads were identified for mental health, care of the elderly, women's issues, haemoglobinopathies (red blood cell disorders, for example Sickle Cell Disease), child health, and palliative care.
- Practice specific policies were implemented and were available to all staff.
- An understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. There was a GP clinical lead for performance.
- The practice persevered with difficulties around access to the service and its current improvement plans included innovative ways of working, for example developing the clinical pharmacist role in primary care to diversify the skills mix within the clinical team and increase capacity.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The provider told us they prioritised safe, high quality and compassionate care. Staff told us the GPs were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff 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 and submitted proposals for improvements to

Are services well-led?

Good 

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

the practice management team. For example, the PPG was involved in the planning of a women's health education event and was supporting staff training on customer care.

- The practice had gathered feedback from staff through staff meetings and discussion, and appraisals where they had taken place. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes, for example to develop the clinical pharmacist role in primary care and to support qualified nurses to become practice nurses.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The care and treatment of patients was not provided in a safe way. Patients found it difficult to get through to the practice on the phone and to get a timely appointment to be seen.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Family planning services	
Maternity and midwifery services	
Treatment of disease, disorder or injury	