

Porters Avenue Doctors Surgery

Quality Report

234 Porters Avenue
Becontree
Dagenham
Essex
RM8 2EQ
Tel: 020 8596 7850
Website: www.portersavenuedoctors-dagenham.nhs.uk

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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? | Requires improvement |  |
| Are services responsive to people's needs? | Good |  |
| Are services well-led? | Good |  |

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Porters Avenue Doctors Surgery on 5 October 2016.

Overall the practice is rated as good.

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

- The practice performance in the national GP Patient Survey was below local and national averages for most responses received from patients.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a 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:

- Ensure that it addresses issues highlighted in the national GP survey in order to improve on the low levels of patient satisfaction.

Summary of findings

In addition the provider should:

- Review its QOF (Quality and Outcomes Framework) achievement and exceptions to identify ways to improve patient treatment.

- Review how patients with caring responsibilities are identified and recorded on the patient record system to ensure information, advice and support is made available to all.

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.

- 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, an 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.
- The practice had a business continuity plan for major incidents such as power failure or building damage.

Good



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 below average compared to the national average in some areas including patients with diabetes, atrial fibrillation, coronary heart disease, stroke and transient ischaemic attack, depression, cardiovascular disease, heart failure and rheumatoid arthritis.
- 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 requires improvement for providing caring services, as there are areas where improvements should be made.

- Data from the national GP patient survey showed patients rated the practice significantly lower than others in several areas. For example:

Requires improvement



Summary of findings

- 39% of patients found it easy to get through to this practice by phone which was below the national average of 73%.
- 44% of patients were able to get an appointment to see or speak to someone the last time they tried which was below the national average of 76%.
- 59% of patients described the overall experience of this GP practice as good which was below the national average of 85%.
- 49% of patients said they would recommend this GP practice to someone who has just moved to the local area which was below the national average of 80%.
- The practice had carried out its own patient survey, which showed higher levels of patient satisfaction than the national GP patient survey in some areas. However, the national GP patient survey results were published after the practice' in-house survey, it is an independent survey conducted by an independent third party.
- The practice had identified 59 patients as carers (less than 1% of the practice list).
- 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.
- Most patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day. The practice had recently increased the number of phone lines from five to seven to improve phone access.
- 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



Summary of findings

Are services well-led?

Good



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

- There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. However, the practice was aware that it needed to improve its performance in regard to patient satisfaction as recorded in the national GP patient survey.
- 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.
- The provider was aware of and complied with the requirements of the duty of candour. The practice management team and clinical lead 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.

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

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.
- 80% of patients with diabetes had a last blood pressure reading of 140/80 mmHg or less which was comparable to the national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Good



Summary of findings

- 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.
- 84% of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding 5 years compared to a CCG average of 80% and a national average of 82%.
- 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, and health visitors.

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 undertook NHS health checks for patients aged 40–74.

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

Good



Summary of findings

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).

- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had had their alcohol consumption recorded in the preceding 12 which was above the national average of 90%.
- 90% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan, in the preceding 12 months, which was comparable to the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016 showed the practice was performing significantly below local and national averages in a number of areas. Three hundred and sixty-two survey forms were distributed and 108 were returned. This represented 1.4% of the practice's patient list.

- 39% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 44% 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%.
- 59% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 49% 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 80%.

The practice had carried out its own patient survey, which showed higher levels of patient satisfaction than the national GP patient survey in some areas. However, the national GP patient survey results were published after the practice' in-house survey, it is an independent survey conducted by an independent third party. The practice had also prepared an action plan for the work it had

identified as being needed to improve patient satisfaction. However, 10 of the 20 substantive action points were scheduled to be completed after the date of inspection, with the other 10 being completed two days prior to the inspection. Accordingly, it was not possible, on the day of inspection to assess the impact of the changes that had been identified.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards most of which were positive about the standard of care received. Patients were satisfied with the service they received and thought staff were caring and helpful. Some patients mentioned difficulty in contacting the practice by phone. The practice told us that it had increased the number of phone lines from five to seven.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice participated in the NHS friends and family test (FFT) (FFT is an anonymised method of asking patients if they would recommend the practice to a friend or family member). ninety-six percent of 125 patients responding to the FFT said they would recommend the practice.

Areas for improvement

Action the service MUST take to improve

- Ensure that it addresses issues highlighted in the national GP survey in order to improve on the low levels of patient satisfaction.

Action the service SHOULD take to improve

- Review its QOF (Quality and Outcomes Framework) achievement and exceptions to identify ways to improve patient treatment.

- Review how patients with caring responsibilities are identified and recorded on the patient record system to ensure information, advice and support is made available to all.

Porters Avenue Doctors Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and an Expert by Experience.

Background to Porters Avenue Doctors Surgery

Porters Avenue Doctors Surgery provides primary medical services in Dagenham to approximately 7730 patients and is a member of the NHS Barking and Dagenham Clinical Commissioning Group (CCG).

The practice population is in the second most deprived decile in England. It has greater than CCG and national average representation of income deprived children and older people. Thirty-three percent of children live in income deprived households compared to a CCG average of 32% and a national average of 20%. 30% of older people live in income deprived households compared to a CCG average of 28% and a national average of 16%. The practice population has a greater than average percentage of children and young people between aged up to 18, with a less than average population in all age groups above age 65. The practice had surveyed the ethnicity of the practice population and had determined that 50% of patients described themselves as white, 10% Asian, 17% black and 13% as having mixed or other ethnicity.

The practice operates from a purpose built property with all patient facilities on the ground floor that is wheelchair accessible. There are offices for administrative and management staff on the ground floor.

The practice operates under an Alternative Provider Medical Services (APMS) contract and provides a number of local and national enhanced services (enhanced services require an increased level of service provision above that which is normally required under the core GP contract). The enhanced services it provides are: facilitating timely diagnosis and support for people with dementia; improving patient online access; influenza and pneumococcal immunisations; minor surgery; patient participation; risk profiling and case management; rotavirus and shingles immunisation; and unplanned admissions.

The practice team at the surgery is made up of four male GPs working, between them, a whole time equivalent of 3 GPs. The nursing team consists of three female practice nurses. Porters Avenue Doctors Surgery also employs one male part-time health care assistant.

There are nine administrative, reception and clerical staff, including three apprentices, and a part-time business manager and a full-time assistant practice manager.

The practice is open between 8.00am and 8.00pm Monday to Friday, and from 9.00am to 12.00pm on Saturdays. Appointments are from 8.00am to 8.00pm daily. The practice has opted out of providing out of hours (OOH) services to their own patients when closed and directs patients to the OOH provider for NHS Barking and Dagenham CCG.

Porters Avenue Doctors Surgery is one of seven GP practices forming Concordia Health Limited and is

Detailed findings

registered with the Care Quality Commission to provide the regulated activities of treatment of disease, disorder or injury; diagnostic and screening procedures; surgical procedures.

This practice was previously inspected by CQC in December 2012. At that time the practice was found to be meeting the then required standard.

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 5 October 2016. During our visit we:

- Spoke with a range of staff (GPs, nurse, business manager, practice manager and administrative and reception 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, one of the medicines fridges recorded a high temperature. The practice obtained advice from the manufacturer of the vaccines to confirm the stability of the vaccines stored in the fridge, as well as ensuring the fridge was working correctly. It also contacted its CCG and NHS England to advise of the problem.

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 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, nurses to level 2 and non-clinical staff to level 1.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The 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. 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. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSDs) from a prescriber. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. PSDs are written instructions from a qualified and registered prescriber

Are services safe?

for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

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

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- 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 business continuity plan for major incidents such as power failure or building damage.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available compared to a CCG average of 95% and a national average of 95%.

The practice had higher than average exception reporting in the following clinical domains during the 2014-15 QOF year:

- 29% of patients with atrial fibrillation had been excepted compared to a CCG average of 10% and a national average of 11%. The practice told us it had a small register of 14 patients, and had sent three reminder letters to those patients who had not responded to attend for treatment.
- 19% of patients with coronary heart disease had been excepted compared to a CCG average of 8% and a national average of 8%.
- 22% of patients with heart failure had been excepted compared to a local average of 5% and a national average of 9%.
- 18% of patients with stroke and transient ischaemic attack had been excepted compared to a local average of 11% and a national average of 10%.

- 15% of patients with type II diabetes had been excepted compared to a local average of 11% and a national average of 11%.
- 29% of patients with depression had been excepted compared to a local average of 22% and a national average of 25%.
- 18% of patients with rheumatoid arthritis had been excepted compared to a local average of 5% and a national average of 7%.
- 33% of patients with cardiovascular disease – primary prevention had been excepted compared to a local average of 19% and a national average of 30%.

The practice told us that it was aware that its performance was in need of improvement in these areas. It said that it had a relatively small patient population in older age groups and so had smaller registers for many long-term conditions. This meant that any exceptions would significantly impact its overall exception rate.

Data from 2014-15 showed:

- Performance for diabetes related indicators was similar to the national average. For example, 75% of patients with diabetes, on the register, had a last blood sugar reading of 64 mmol/mol or less in the preceding 12 months compared to a CCG average of 72% and a national average of 78%.
- Performance for mental health related indicators was similar to the national average for example, 90% of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed, care plan documented in their record in the preceding 12 months compared to a CCG average of 89% and a national average of 88%.

There following QOF indicators were below CCG and national averages:

- The practice had identified fewer than expected patients with Coronary Heart Disease (CHD), the proportion found was 0.3 compared to a CCG average of 0.6 and a national average of 0.7.
- The practice had identified fewer than expected patients with Chronic Obstructive Pulmonary Disease (COPD), the proportion was 0.3 compared to a CCG average of 0.5 and a national average of 0.6.

Are services effective?

(for example, treatment is effective)

The practice told us that it had a young population and had small registers for these issues, for example it only had eight patients on its CHD register. It accepted that some patients, particularly those in nursing homes, may not be coded if they were suffering from dementia. This impacted on the ratio of expected versus reported patients with CHD and COPD.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years, one of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits.
- Findings were used by the practice to improve services. For example, recent action taken as a result included an audit of record keeping. The practice had recognised the importance of keeping full and accurate notes of all patient interactions. The audit had been repeated for GPs and nurses over a three year period and was used to ensure that patient notes were fully and accurately completed. By repeating the audit the practice ensured that all clinicians continued to maintain and improve the notes they took following patient consultations.

Information about patients' outcomes was used to make improvements.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

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

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.

Are services effective?

(for example, treatment is effective)

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and asthma. Patients were signposted to the relevant service.
- A dietician and smoking cessation advice were available from a local support group.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 80% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated

how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 92% (CCG average ranged from 88% to 92%, national average ranged from 88% to 92%) and five year olds from 74% to 86 % (CCG average ranged from 72% to 87%, national average ranged from 81% to 95%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Most of the 31 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. Some patients mentioned difficulty in making contact by phone. The practice had increased the number of phone lines to the practice from five to seven lines in October 2016.

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 patients level of satisfaction with the way they were treated in regard to compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 70% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 81% and the national average of 89%.
- 65% of patients said the GP gave them enough time compared to the CCG average of 78% and the national average of 87%.

- 86% 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%.
- 64% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 69% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 69% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

The practice told us that they had taken steps to improve patient satisfaction including: installing more phone lines to improve patient access; some experienced reception staff had left, being replaced by inexperienced staff, who were gaining experience and had received customer service training; three GPs had undertaken training in clinical skills assessment as part of their Royal College of GPs membership exams; there had been a period of much increased nurse locum use following the death of one of the practice nurses, but the practice had recruited a replacement.

The practice had carried out its own patient survey, which showed higher levels of patient satisfaction than the national GP patient survey in some areas. However, the national GP patient survey results were published after the practice' in-house survey, it is an independent survey conducted by an independent third party. The practice had also prepared an action plan for the work it had identified as being needed to improve patient satisfaction. However, 10 of the 20 substantive action points were scheduled to be completed after the date of inspection, with the other 10 being completed only two days prior to the inspection. Accordingly, it was not possible, on the day of inspection to assess the impact of the changes that had been identified.

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

Are services caring?

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 response to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 71% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 78% and the national average of 86%.
- 60% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 64% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice told us that three of the GPs had undertaken training in clinical skills, and that there had been a period of increased use of nurse locums but that the practice had since recruited a nurse to fill that gap.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

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 (less than 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered appointments up until 8.00pm on a Monday to Friday evenings as well as Saturday morning clinics for the benefit of 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.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- There were a range of other services in the same building and the practice had established good working relationships for the benefit of patient access. For example, the practice was able to refer patients directly to the phlebotomy service which was situated on an upper floor of the building.

Access to the service

The practice was open between 8.00am and 8.00pm Monday to Friday, and from 9.00am to 12.00pm on Saturdays. Appointments were from 8.00am to 8.00pm daily, and on Saturday mornings. The practice had opted out of providing out of hours (OOH) services to their own patients when closed and directs patients to the OOH provider for NHS Barking and Dagenham CCG. In addition to pre-bookable appointments that could be booked up to twelve weeks in advance, urgent appointments were also available for people that needed them.

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

- 83% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 39% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The practice told us it was open from 8.00am to 8.00pm Monday to Friday as well as Saturday mornings. It did not operate on a conventional clinical session basis but that clinicians were available throughout the day. It had also increased the number of phone lines from five to seven in October 2016. The practice had wanted to make this change sooner but were delayed by the need to obtain permission from their landlords to install extra phone lines.

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

The practice had a system in place to assess:

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

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

Listening and learning from concerns and complaints

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

- 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 included information on the practice website and on the practice leaflet.

We looked at 18 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with

Are services responsive to people's needs? (for example, to feedback?)

the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a patient had complained about being asked to pay for some non-NHS work. The practice

reviewed the complaint in a meeting and wrote a letter to the patient apologising for any misunderstanding but explaining that it was the practices' policy to charge for such work.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had a 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.
- The practice accepted that it needed to work to improve patient satisfaction and to improve its QOF performance by reducing the level of exception reporting in several domains.
- 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 were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the clinical director 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 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 practice management team and clinical lead 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 an 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 practice management team and clinical lead in the practice. All staff were involved in discussions about how to run and develop the practice, and the practice management team and clinical lead encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice told the PPG in a meeting about the number of patients who

Are services well-led?

Good 

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

failed to attend appointments, and the impact this had in terms of reducing available appointments for other patients. The PPG suggested a noticeboard in reception to let patients know about this problem. The practice agreed and installed a noticeboard.

- 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. Staff told us they felt involved and engaged to improve how the practice was run.

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 Surgical procedures Treatment of disease, disorder or injury | Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The practice had evaluated but had not yet improved its services in relation to the low scores in the national GP patient survey. This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: |