Dr Abul Kashem Mohammed Zakaria

Quality Report

50 Upper Road
Plaistow
London E13 0DH
Tel:020 8552 2129
Website:

Date of inspection visit: 25 February 2016
Date of publication: 02/06/2016

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

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Requires improvement
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced follow-up inspection of Dr Abul Kashem Mohammed Zakaria on 25 February 2016. Overall the practice is rated as requires improvement.

This inspection was a follow-up to our earlier inspection on 17 June 2015 when the practice was rated inadequate overall. There were breaches in legal requirements relating to the provision of safe and well-led services and these key questions were rated inadequate. Effective was rated requires improvement because there were no completed clinical audits. The practice was placed into special measures in August 2015. Subsequent to this the provider submitted an action plan detailing how it would make improvements and when the practice would be meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

At our inspection on 25 February 2016 we found the provider had made improvements, however further improvements are required in the areas of medical record keeping in particular and clinical audit.

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

- There was an open and transparent approach to safety and a system was in place for reporting, recording and learning from significant events. The provider did not have policy and procedures in place to guide staff in the handling of notifiable safety incidents in accordance with the Duty of Candour, however.
- Risks to patients were assessed and well managed, with the exception of those relating to medical record keeping.
- Data showed patient outcomes were comparable with national averages.
- Although some audits had been carried out, we saw no evidence that audits were driving improvement in performance to improve patient outcomes.
- Patients said they were treated with dignity and respect and they were involved in their care and decisions about their treatment. However, national GP patient survey results showed comparatively few felt they were treated with care and concern and there was no action plan in place to improve the results.

Summary of findings

- Most patients said they were able to make an appointment with a named GP and that there was continuity of care. Urgent appointments were available the same day.
- Arrangements to access a female GP were limited. The provider had attempted to recruit a female GP to work at the practice but had not been successful.
- Information about services and how to complain was available and easy to understand however no complaints had been recorded at the practice in the last 12 months.
- 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.
- A governance framework was in place although processes to maintain a complete medical record in respect of each patient's treatment and care, and systems to drive improvement in patient outcomes were not embedded.

The areas where the provider must make improvements are:

- Ensure a complete record is maintained for each patient of the care and treatment provided to them.
- Ensure adequate systems are in place that effectively assess, monitor and improve the quality of care provided and patient outcomes.

The areas where the provider should make improvement are:

- Put in place policy and procedures to guide staff in the handling of notifiable safety incidents in accordance with the Duty of Candour.
- Take action to address the national GP patient survey results published in January 2016 where the practice was significantly below the national average. The percentage of respondents saying the GP and nurse were good at treating them with care and concern was low.
- Review access to a female GP for patients at the practice.
- Review the complaints procedure to ensure that patient complaints are captured and the practice learns from these.

The practice was placed into special measures in August 2015. While improvements have been made since then, the practice continues to be rated as inadequate for one of the five key questions and so remains in special measures for a further six months. The practice will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services, as there are areas where improvements should be made.

- A complete medical record was not being maintained for each patient seen at the practice.
- There was a system in place for reporting and recording significant events.
- Lessons from significant events were shared to make sure action was taken to improve safety in the practice.
- The practice had clearly defined and embedded safety systems and processes around safeguarding, infection control, medicines management and staff recruitment.
- Risks to patients around health and safety, fire, electrical equipment, clinical equipment and legionella were assessed and well managed.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- Clinical audit was not being used effectively to drive quality improvement. The changes the practice planned to introduce after first cycle audits were not specific enough to bring about improvement. The one example of a completed two cycle audit we were given showed patient outcomes had worsened.
- Data from the Quality and Outcomes Framework showed patient outcomes were comparable with national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Requires improvement

The practice is rated as requires improvement for providing caring services as there are areas where improvements should be made.

- Patients said they were treated with dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- However our analysis of data from the national GP patient survey showed patients rated the practice significantly lower than the national average for some aspects of care. The percentage of respondents saying the GP and nurse were good at treating them with care and concern was low. The provider did not have an action plan in place to address this.

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for providing responsive services, as there are areas where improvements should be made.

- There was no access to a female GP at the practice.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice had been commissioned to provide extra capacity in the form of additional GP appointments for the local area.
- Most patients said they found it easy to make an appointment with a named GP and there was continuity of care. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available. However, no complaints had been recorded at the practice in the last 12 months as a basis for the practice to learn and improve.

Are services well-led?

Inadequate

The practice is rated as inadequate for being well-led and improvements must be made.

- The practice had some aims and objectives to deliver high quality care and promote good outcomes for patients however this was not supported or driven by a clear vision and strategy.
- There was a 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.

Summary of findings

- There was an overarching governance framework. Key elements were still not embedded however, including processes to maintain a complete medical record in respect of each patient's treatment and care and systems to drive improvement in patient outcomes.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was limited evidence of continuous learning at the practice.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The provider was rated as requires improvement for safe, effective, caring and responsive and inadequate for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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.

People with long term conditions

Requires improvement

The provider was rated as requires improvement for safe, effective, caring and responsive and inadequate for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice's Quality and Outcomes Framework (QOF) performance for diabetes indicators was comparable with national averages.
- Longer appointments and home visits were available when needed.
- Patients with long term conditions had a named GP and a structured 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.

Families, children and young people

Requires improvement

The provider was rated as requires improvement for safe, effective, caring and responsive and inadequate for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

Summary of findings

- There were processes 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 comparable with local CCG averages.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 89%, which was comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There was no access to a female GP at the practice.

Working age people (including those recently retired and students)

Requires improvement

The provider was rated as requires improvement for safe, effective, caring and responsive and inadequate for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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 as far as possible.
- The practice was offering online services as well as a range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Requires improvement

The provider was rated as requires improvement for safe, effective, caring and responsive and inadequate for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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 multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement

The provider was rated as requires improvement for safe, effective, caring and responsive and inadequate for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the preceding 12 months. The national average was 84%.
- No data was available for patients with schizophrenia, bipolar affective disorder and other psychoses. The practice had not submitted outcome data for these patients.
- The practice referred patients to community mental health and drugs and alcohol services and to counselling services.
- The practice had processes to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results were published on in January 2016. The results showed the practice was comparable with local and national averages. Four hundred and five survey forms were distributed and 82 were returned. This gave a response rate of 20%.

- 67% found it easy to get through to this surgery by phone compared to a national average of 73%.
- 65% were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 76% described the overall experience of their GP surgery as fairly good or very good (national average 85%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 46 comment cards which were all positive about the standard of care received. Four comment cards said it was sometimes difficult to get an appointment and two comment cards said they had to wait too long after their appointment time to be seen by the doctor.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received from clinical staff and thought staff were helpful, approachable and good at their job.

Dr Abul Kashem Mohammed Zakaria

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP Specialist Advisor.

Background to Dr Abul Kashem Mohammed Zakaria

Dr Abul Kashem Mohammed Zakaria, also known as Upper Road Medical Centre, is located in Plaistow the London Borough of Newham. It is one of the 62 member GP practices in NHS Newham CCG.

The practice serves a predominantly Asian / Asian British population (42%). A further 27% of the local population identifies itself as White and 23% as Black / African / Caribbean / Black British. The practice is located in the second more deprived decile of areas in England. At 77 years, male life expectancy is lower than the England average of 79 years. At 82 years, female life expectancy is lower than the England average of 83 years.

The practice has approximately 3,375 registered patients. Services are provided by Dr Abul Kashem Mohammed Zakaria, a Registered Individual, under a General Medical Services (GMS) contract with NHS England.

The practice is in purpose built premises. All the patient areas are on the ground floor which is accessible to wheelchair users. There is a reception area, two waiting areas, two GP consulting rooms and the practice nurse's treatment room. The practice is close to public transport and there is on street parking nearby.

Two male GPs work at the practice: Dr Zakaria who works full time and a part time long term locum GP who works two to three half-days each week. A part time practice nurse works four half-days per week as does a part time health care assistant. There is a full time Practice Manager and Medical Administrator and five part time receptionist staff.

The practice's opening times are:

- 8.00am to 6.30pm on Monday and Friday
- 8.00am to 7.30pm on Tuesday
- 8.00am to 8.30pm on Wednesday
- 8.00am to 2.00pm on Thursday

GP consulting hours are:

- 10.00am to 12.00pm and 4.00pm to 6.30pm on Monday and Friday
- 10.00am to 12.00pm and 4.00pm to 7.30pm on Tuesday
- 10.00am to 12.00pm and 4.00pm to 8.30pm on Wednesday
- 10.00am to 12.00pm on Thursday

On Thursday afternoons when the practice is closed patients are re-directed to the out of hours service. The practice provides out of hours services to its patients as part of the co-operative of local GPs providing out of hours cover to Newham patients.

Detailed findings

Dr Abul Kashem Mohammed Zakaria is registered with the Care Quality Commission to carry on the following regulated activities at 50 Upper Road, Plaistow, London E13 0DH: Treatment of disease, disorder or injury and Surgical procedures.

The practice was previously inspected on 17 June 2015 when it was rated inadequate overall and placed in special measures.

Why we carried out this inspection

We carried out a comprehensive inspection of this service on 25 February 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

The practice was rated inadequate in June 2015 and was placed into Special Measures in August 2015. Being placed into Special Measures represents a decision by CQC that a service has to improve within six months to avoid CQC taking steps to cancel the provider's registration. Requirement notices set out the action we told the provider to take following the inspection carried out in June 2015.

The inspection on 25 February 2016 was planned to consider whether sufficient improvements had been made and to identify if the provider was now meeting legal requirements and associated regulations.

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 25 February 2016.

During our visit we:

- Spoke with a range of staff (GP, practice nurse, practice manager and administrative and reception staff), representatives of the patient participation groups, and patients who used the service.
- Observed how patients were being cared for and talked with family members
- Reviewed a 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.
- Reviewed documentation the provider gave us about the operation, management and performance 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.

Requires improvement

Are services safe?

Our findings

Following our inspection on 17 June 2015 the practice was rated as inadequate for providing safe services. The practice had no method for identifying, recording and managing risks, for example through significant event analysis. The practice was not equipped with medical oxygen and an automated external defibrillator (AED) and staff had not completed basic life support training in the 18 months prior to the inspection. Arrangements were not robustly in place for patients to be examined by a female GP where this was required. Not all staff expected to perform chaperone duties had a DBS check. Infection control policies and procedures were not specific to the practice, staff had not completed infection control training since 2010, and there had been no infection control audit in the 12 months prior to the inspection.

At our inspection on 25 February 2016 we found some improvements had been made. However, we found complete medical records were still not being adequately maintained for each patient seen at the practice.

Safe track record and learning

There was a 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 practice carried out a thorough analysis of the significant events.

We reviewed significant event records and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the provider reviewed security arrangements with staff when an intruder was found in a non-public area of the practice.

Staff we spoke with demonstrated an open and transparent approach to significant events. The provider however did not have policy and procedures in place to guide staff in the handling of notifiable safety incidents in accordance with Regulation 20 Duty of Candour, a new CQC regulation applying to all providers from 01 April 2015.

Overview of safety systems and processes

The practice had some systems, processes and practices in place to keep patients safe and safeguarded from abuse, however improvement was still required.

- There had been improvement in the processes for maintaining a complete record in respect of the care and treatment provided to each patient and the decisions taken in relation to the care and treatment provided. For example, each of the nine records we looked at did contain some information, and electronic patient record templates were completed appropriately where available. However four of the nine records we looked at did not provide an adequately completed record, for example three of them did not adequately record the history, two did not adequately record a working diagnosis or clinical impression, one did not adequately record a follow up plan, and one did not adequately record the patient's blood pressure. The GP recognised the need to improve their understanding of the electronic patient record system and told us they had put in place arrangements for further training and support.
- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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 relevant to their role. The practice nurse and GPs were trained to 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. Detailed and comprehensive cleaning schedules were in place. The practice nurse was the infection control clinical lead who took part in CCG

training and forums keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. An infection control audit had been completed in the 12 months prior to the inspection and we saw evidence that action was taken to address any improvements identified as a result.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Prescription pads were stored securely. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The provider had completed Disclosure and Barring Service (DBS) checks for all clinical and non clinical staff working at the practice in the six months prior to our inspection.
- 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.
- Patients were not able to access a female GP at the practice. We saw evidence that the provider had attempted to recruit a female GP to work at the practice but had not been successful. Arrangements with a nearby practice had been strengthened to ensure women requiring treatment and care from a female GP would be seen in a timely way. Protocols were in place so that reception staff would contact the neighbouring practice straight away and book an appointment with them for the patient to see a female GP if this was their preference. There were notices at the reception desk to inform patients of this arrangement. The provider continued in their efforts to engage a female locum or salaried GP but to date had been unsuccessful.

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 waiting area which identified the local health and safety representative. 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 and had completed Health and Safety compliance and Disability Access audits and a Legionella risk assessment within the 12 months prior to the inspection. 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 that 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.
- Emergency medicines were accessible to staff in a secure area of the practice and all staff knew of their location. All but one of the medicines we checked were in date and fit for use. We found some aspirin past its expiry date and the provider removed this. The provider told us the medicines were checked every three months. We saw aspirin was not included on the medicines checklist and that some other medicines were due to expire before the next three month check was due. The provider undertook to add aspirin to the medicines checklist, to increase the frequency of checks to monthly, and to delegate the task to the practice nurse.
- 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.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Following our inspection on 17 June 2015 the practice was rated as requires improvement for providing effective services. There was no evidence of completed two-cycle clinical audits.

At our inspection on 25 February 2016 some improvement had been made, however further improvements were required and the practice continued to be rated as requires improvement for providing effective services. The provider had completed a two-cycle audit. However, it showed that patient outcomes had worsened. This audit and other first cycle audits we reviewed showed that the provider did not plan changes effectively to improve patient outcomes.

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 peoples' needs.
- The practice monitored that these guidelines were followed through professional development events and training, clinical and practice meetings, and the Quality and Outcomes Framework.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 92% of the total number of points available (CCG average, 92% and national average 95%), with 3% exception reporting (CCG average 7%, national average 9%). Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. The practice was not an outlier for any QOF clinical targets.

Data from 2014-2015 showed:

- Performance for diabetes related indicators was similar to the national average. For example, the percentage of these patients whose last measured total cholesterol is at or below the recommended level was 87% (national average 80%), and the percentage of the these patients with a record of a foot examination and risk classification within the preceding 12 months was 99% (national average 88%).
- The percentage of patients with hypertension whose last blood pressure reading in the preceding 12 months is at or below the recommended level was 87% and similar to the national average of 84%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face meeting in the preceding 12 months was 100% compared with the national average of 84%.
- No data was available for patients with schizophrenia, bipolar affective disorder and other psychoses as the practice had not submitted this data.

The practice was an outlier for one Hospital Episode Statistics (HES) indicator:

- The ratio of reported versus expected prevalence for chronic obstructive pulmonary disease (COPD) was 0.13 for the practice compared with the national average of 0.63. The provider told us that they had not had a working spirometer for some months. This piece of equipment had now been replaced.

Clinical audits did not demonstrate quality improvement.

- We were given four clinical audits carried out in the last 12 months. One of these was a completed audit looking at the management of blood glucose levels in patients with Type 2 diabetes on insulin. The first cycle of the audit was completed in June 2015 and the second cycle in December 2015. The second cycle showed worsened outcomes for patients. The changes the practice had planned to introduce after the first cycle were not specific enough, including for example To involve district nurses without setting out how this would be done, when, by whom, and it was difficult for the provider therefore to evaluate the effectiveness of the plan and to put in place a new plan that was more likely to succeed. The three first cycle audits we were given looked at cancer diagnosis, asthma patients' use of short-acting beta antagonists (SABA), and

anticoagulation therapy for patient with atrial fibrillation. Planned changes following these three first cycle audits were similarly lacking in detail. There was no overarching plan around patient outcome improvement driven by audit.

Effective staffing

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

- 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 vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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 supervisory and clinical support in addition to formal training courses and professional development events. There was facilitation and support for GP and practice nurse revalidation. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety, infection control, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

Information needed to plan and deliver care and treatment was stored on the practice's electronic patient record system and was available to relevant staff in a timely and accessible way.

- The patient record system stored care and risk assessments, care plans, medical records, and investigation and test results. Information such as NHS patient information leaflets was also available.
- 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 services 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 to, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place every three months where care plans were reviewed and updated.

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 worked with the patient's carer to make a decision about treatment in the patient's best interests.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives and those at risk of developing a long-term condition. Additional support included longer appointments, appointment flexibility and home visits.
- The practice offered advice on diet and signposted patients to relevant services, for example smoking cessation provided in local pharmacies.

The practice's uptake for the cervical screening programme was 89%, which was comparable to the national average of 82%. There was a policy to telephone patients the day before to remind them about their cervical screening test which helped maintain high levels of uptake. The practice offered the chlamydia testing.

Childhood immunisation rates for the vaccinations given were comparable with CCG averages. For example,

Requires improvement

Are services effective?

(for example, treatment is effective)

childhood immunisation rates for the 24 months age group ranged from 90% to 100% (CCG averages ranged from 82% to 94%); and for the 5 years age group, from 77% to 93% (CCG averages from 82% to 95%).

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

Requires improvement

Are services caring?

Our findings

Following our inspection on 17 June 2015 the practice was rated as good for providing caring services. Following our inspection on 25 February 2016 the practice was rated as requires improvement for providing caring services. Our analysis of the national GP patient survey results published in January 2016 showed the practice's performance was significantly below the national average for two questions relating to patients' experience of the caring aspect of the service. The provider was aware of these low scores but did not have a plan in place to improve these elements of the patients' experience of the service.

Kindness, dignity, respect and compassion

We observed members of staff were courteous and 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 46 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a very good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four members of the patient participation group. They told us they were highly satisfied with the care provided by the practice and said their dignity and privacy was respected.

Some results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. For example:

- 74% said the GP gave them enough time (CCG average 79%, national average 87%).
- 91% said they had confidence and trust in the last GP they saw (CCG average 91%, national average 95%).
- 81% said they found the receptionists at the practice helpful (CCG average 80%, national average 87%).

However patients did not always feel listened to:

- 66% said the GP was good at listening to them compared to the CCG average of 83% and national average of 89%.

And there were two questions we analysed where the responses were significantly below the national average:

- 65% said the last GP they spoke to was good at treating them with care and concern (national average 85%).
- 73% said the last nurse they spoke to was good at treating them with care and concern (national average 90%).

The provider had discussed these results with staff and the patient participation group to try to understand what was behind them and improve the service. The provider reported that the main issue was patients' reluctance sometimes to disclose medical issues. The provider did not have an adequate plan in place to improve these elements of the patient experience of the service.

The 46 comment cards we received described the service as good and many commended the practice for being very caring and staff for doing their best to help.

Care planning and involvement in decisions about care and treatment

Feedback on the comment cards was that patients felt listened to and supported by staff, and involved in decision making about the care and treatment they received. Patients were spoke with were also positive about the care they received and their views aligned with the comment cards feedback.

Some results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Responses to the two questions we analysed were comparable with the national average:

- 67% said the last GP they saw was good at involving them in decisions about their care (national average 82%).
- 72% said the last nurse they saw was good at involving them in decisions about their care (national average 85%).

Requires improvement

Are services caring?

Staff spoke a number of languages in common with its practice population including English, Sylheti, Bengali, Urdu and Hindi. Translation services were available for patients where required.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. Staff demonstrated an awareness of the needs of carers, for example they would discuss with them any concerns or difficulty they were having and signpost them to support services. The practice offered the flu vaccination to carers. However, the practice was not proactively developing its carers register to identify more carers and develop the support it provided to them.

Staff told us that when a patient died they were quickly made aware of this to ensure relatives were treated appropriately and sympathetically. Families were signposted to bereavement services when needed.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Following our inspection on 17 June 2015 the practice was rated as good for providing responsive services. Following our inspection on 25 February 2016 the practice was rated as requires improvement for providing responsive services.

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, since our last inspection in June 2015 the practice had been commissioned to take part in the additional capacity scheme in Newham where GP practices were providing more GP appointments following the closure of a local walk-in service.

- The practice offered appointments up until 7.30pm on Tuesdays (additional capacity) and up to 8.30pm on Wednesday (extended hours) 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 would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop and translation services available.
- There was no access to a female GP at the practice despite the provider's efforts to recruit a female GP. Arrangements had been put in place since our last inspection to enable patients to access a female GP at a neighbouring practice.

Access to the service

The practice's opening times were:

- 8.00am to 6.30pm on Monday and Friday
- 8.00am to 7.30pm on Tuesday
- 8.00am to 8.30pm on Wednesday
- 8.00am to 2.00pm on Thursday

GP consulting hours were:

- 10.00am to 12.00pm and 4.00pm to 6.30pm on Monday and Friday
- 10.00am to 12.00pm and 4.00pm to 7.30pm on Tuesday
- 10.00am to 12.00pm and 4.00pm to 8.30pm on Wednesday
- 10.00am to 12.00pm on Thursday

On Thursday afternoons when the practice was closed patients were re-directed to the out of hours service.

Appointments could be pre booked up to two weeks in advance in person, by phone and online. Same day appointments and telephone consultations were made available each day.

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

- 82% of patients were satisfied with the practice's opening hours which was comparable to the national average of 78%.
- 67% patients said they could get through easily to the surgery by phone (national average 73%).
- 27% patients said they always or almost always see or speak to the GP they prefer (national average 36%).

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

Listening and learning from concerns and complaints

The practice had a 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 in the practice leaflet to help patients understand the complaints system.

The practice had not received any complaints in the 12 months prior to this inspection and consequently was not able to show any learning or improvement to working practises.

Are services well-led?

Inadequate

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

Our findings

Following our inspection on 17 June 2015 the practice was rated as inadequate for being well-led. Not all of the provider's policies and procedures had been customised to reflect the practice's own arrangements. The practice did not have an on-going programme of clinical audits to monitor quality. None of the medical records we looked at provided a complete record of the patient's consultation. There was no method of identifying, recording and managing risks, for example through significant event analysis. No formal risk assessments had been carried out, for example to justify the provider's decision not to equip the practice with an automated external defibrillator (AED). Records were not maintained of clinical and staff meetings.

At our inspection on 25 February 2016 some improvements had been made, however further key improvements were still required and the practice continued to be rated inadequate for being well led. The provider had customised its policies and procedures. It was using a significant event analysis toolkit to handle incidents. In response to the risks we had identified the provider had obtained an AED and had put in place some arrangements for patients to access a female GP at a local practice where this was required. The provider had attempted to recruit a female GP to work at the practice but had not been successful. Records of clinical and practice meetings were being maintained. However, robust systems continued not being in place to improve patient outcomes through clinical audit and to maintain complete medical records. For this reason, the well-led key question is rated inadequate for the practice.

Vision and strategy

The practice's aim and objectives were set out in its Statement of Purpose:

To provide safe, effective, caring, responsive, and well led services to our patients by:

- Offering professional care and advice to patients.
- By promoting health and wellbeing working in partnership with patients, their families, and carers.
- By listening and supporting patients with respect so they can have choice to be able to live independent lives.
- To be able to work in partnership with other professionals in the care of our patients.
- To encourage our patients to join the patient participation group by participating in analysing surveys and giving feedback on the services the practice offers.
- To be able to support and protect our staff in performing their roles and to carry out their duties.
- To properly provide training to staff so that they meet the required skills to be able to do their work.

However, this was not supported or driven by a clear strategy or vision.

Governance arrangements

The practice had a governance framework, however key elements were still not in place at the practice.

- There was not a comprehensive understanding of the performance of the practice.
- There was not a programme of continuous clinical audit to monitor quality.
- Systems were not in place to maintain adequate medical records.
- There was a clear staffing structure and lines of accountability. Staff were aware of their own roles and responsibilities.
- Practice specific policies were available to all staff to provide guidance and instruction, and staff knew where to find them.
- Whole practice and clinical meetings were held on a monthly basis and were well minuted. Staff valued having this time set aside regularly to discuss issues, improvements and developments.

Leadership and culture

The GP and practice manager were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider encouraged a culture of openness and honesty, however it did not have policy and procedures in place to guide staff in the handling of notifiable safety incidents in accordance with Regulation 20 Duty of Candour, a new CQC regulation applying to all providers from 01 April 2015.

Are services well-led?

Inadequate

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

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

- Staff told us there were regular whole practice and clinical staff 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the GP and practice manager. All staff were involved in discussions about how to run and develop the practice, and the GP and practice manager 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 the patient participation group and staff. However, there was limited evidence to demonstrate how it intended to act on low patient satisfaction scores in the national GP patient survey. Despite having a complaints policy there was no evidence of learning from complaints as the practice reported that there had been no complaints received at the practice in the last 12 months.

- There was an active PPG which met regularly and supported the practice with patient education campaigns. For example, at its meeting in January 2016 the PPG had decided to raise awareness in the community about medicine waste and to encourage patients to order only what they need.
- 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.
- There was little innovation or service improvement. We found minimal evidence of learning or reflective practice.

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
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems were not in place to assess, monitor and improve the quality of the service provided. Clinical audit was not being used effectively to improve outcomes for patients. This was in breach of Regulation17.-(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

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
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Processes were not in place to maintain a complete record in respect of each patient, including a record of the care and treatment provided and of decisions taken in relation to the care and treatment provided. Four of the nine records we reviewed were not complete. Shortfalls in record keeping had been identified at our last inspection in June 2015 and had not been addressed fully. This was in breach of Regulation17.-(1) and (2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.