

Dr Knight - Vicarage Lane Health Centre

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

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

Detailed findings from this inspection

Our inspection team	12
Background to Dr Knight - Vicarage Lane Health Centre	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

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

We carried out an announced comprehensive inspection at Dr Knight at Vicarage Lane Health Centre on 19 January 2017. Overall, the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- 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 named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Review how the practice can increase uptake of child vaccinations.

Summary of findings

The practice should ensure all medicines are stored securely, in a locked cupboard and that the room is also lockable.

- Review how the practice monitors prescription pad storage and usage.
- The practice should increase the frequency that uncollected prescriptions are monitored.

- The practice should ensure that all staff understand how to obtain valid consent from patients who do not have the mental capacity to give consent.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- 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 analysed incidents which were discussed at the monthly practice meetings
- We saw the results of the analysis carried out on four significant events which occurred in 2016. These had been fully investigated and actions were identified for reducing the risk of a similar event occurring again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- There were arrangements in place for managing medicines, including emergency medicines and vaccine. However, some areas of medicines management were not consistent with best practice

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average for mental health and chronic obstructive pulmonary disease (COPD) and below average for diabetes when compared to the national average.
- 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 for example a nurse had specialised training to initiate insulin therapy for patients with diabetes and another nurse specialised in supporting patients with COPD.
- Staff training was up to date for example safeguarding.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Some staff did not understand how to obtain consent from patients who had a mental health condition which meant they did not have the mental capacity to consent to treatment

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- The majority of comments we received on CQC comment cards and when we spoke to patients were positive
- However, data from the national GP patient survey from July 2016 showed patients did not rate the practice as highly as others for aspects of care for example 72% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. 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.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



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. The practice participated in Newham CCGs primary prevention service which was aimed at identifying conditions early for example patients who were pre-diabetic.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice gathered feedback from patient surveys and it had a developing patient participation group which influenced practice development. For example, the practice had responded quickly to improve the telephone access to the practice.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff on the practice intranet.
- The practice had been through a period of change and lost their practice manager. An interim manager had been recruited who had reviewed the practice's organisation and governance. They had a plan for all the issues which needed to be addressed. The majority of actions contained in the plan had been completed.
- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.
- The practice had developed an action plan based on the patient survey results. The actions included informing patients about the electronic prescribing service because of the high of patients who indicated that they were not aware of the service. The practice information pack for new patients was revised to include information about the online appointment system because the survey also identified that patients were unaware of the online appointment system
- Staff told us they felt respected, valued and supported by all the GPs in the practice. Staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Emergency appointments were prioritised for older people
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice visited patients who lived in a local nursing home weekly.

People with long term conditions

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

Good



- The practice had systems in place for managing of people with long term conditions. The practice worked closely with the community services Integrated Care Management Team which included a community matron, district nurse, mental health link worker, social worker and a care co-ordinator to discuss patients at risk because they had multiple conditions which meant they had complex needs requiring co-ordinated case management.
- The practice had developed a dedicated team to call and book patients for reviews.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. One practice nurse specialised in diabetes care including in house insulin initiation. The other practice nurse specialised in supporting patients with asthma.

All the patients with COPD had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months 100% compared to 87% in the CCG and 90% nationally.

- The practice also performed well on other performance measures for patients with a long term condition.
- Longer appointments for patients with multiple conditions and home visits were available when needed.

Summary of findings

- 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.

Families, children and young people

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

- The practice did not achieve the national standard of 90% for childhood immunisations for children under two and at five years of age. The standards for two year olds was measured for four vaccinations. The percentage of children aged one with a full course of recommended vaccines at the practice was 85%. The percentage of children aged two with pneumococcal conjugate booster vaccine was 78%. The percentage of children aged two with Haemophilus influenza type b and Meningitis C booster vaccine was 79%. The percentage of children aged two with Measles, Mumps and Rubella (MMR)vaccine was 78%
- The number of children who had received their first MMR immunisation at age five was 87% compared with the average of 92% in the CCG and 94% nationally. 56% had received their second dose compared with 77% in the CCG and 88% nationally.
- All mothers and babies were offered checks at six to eight weeks. The practice had designated members of staff who contacted new mothers to book them into the clinics. There was a system in place to make sure that they attended the immunisation clinic with the nurse and the practice followed up missed appointments.
- Practice staff were aware of the guidelines for managing the care provided to young people. These are guidelines designed to ensure healthcare professionals obtain valid consent to treatment obtained for children and young people who are under 16.
- 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. Emergency appointments were prioritised for children.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.

Good



Summary of findings

- The practice's uptake for the cervical screening programme was 70%, which was comparable to the CCG average of 67% and the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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 practice had a flexible appointment system to help people of working-age access primary care. The practice provided routine telephone appointments, Saturday and evening appointments and pre-bookable appointments to help patients plan their care...
- Out of hours patients accessed care through a local GP hub organised by the local Clinical Commissioning Group (CCG).
- Patients could book appointments online and order repeat prescriptions electronically.
- The practice promoted healthy lifestyles by offering a range of NHS health checks.

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.

- A GP met fortnightly with the Integrated Care Management Team which included a community matron, district nurse, mental health link worker, social worker and a care co-ordinator to discuss patients who might be vulnerable or at increased risk of emergency admissions due to their health conditions.
- The practice worked with a 'Transitional Team' to provide primary care services to homeless people and people who were not registered with a GP.
- 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.

Good



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)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- The practice cared for people experiencing poor mental health (including people with dementia). Patients on the practice register of significant mental health problems were invited for an annual physical health check.
- The practice met their mental health lead and held a fortnightly clinic held by the Community Mental Health Team (CMHT) in the health centre. Care plans were developed by the CMHT. Patients were reviewed by the GPs who followed the care plan developed by the CMHT. Patients whose condition deteriorated suddenly were discussed with the CMHT directly and promptly. A representative from the CMHT attended a monthly multi-disciplinary team (MDT) meeting where patients' care was co-ordinated.
- 85% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- The percentage of patients with mental health conditions who had a comprehensive, agreed care plan documented in their record was 94% which was better than other practices in the CCG 84% and nationally 89%
- 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.
- 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 on July 2016. The results showed the practice was performing in line with local and national averages. Three hundred and sixty two survey forms were distributed and 76 were returned. This represented 21% of the practice's patient list.

- 37% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
 - 75% 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%.
 - 72% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
 - 63% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.
- As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards 33 of which were positive about the standard of care received. Comments described all staff as being kind and caring. There were positive comments about the electronic prescribing system. Several comments were about an individual member of the reception staff who was referred to as particularly helpful and caring. There were a few negative comments about getting through to the practice in the morning on the phone but some patients said this had improved over the last few months.
 - We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

- Review how the practice can increase uptake of child vaccinations.
 - The practice should ensure all medicines are stored securely, in a locked cupboard and that the room is also lockable.
- Review how the practice monitors prescription pad storage and usage.
 - The practice should increase the frequency that uncollected prescriptions are monitored.
 - The practice should ensure that all staff understand how to obtain valid consent from patients who do not have the mental capacity to give consent.

Dr Knight - Vicarage Lane Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP specialist adviser.

Background to Dr Knight - Vicarage Lane Health Centre

Dr Knight's Practice at Vicarage Lane Health Centre is one of four GP practices located in the purpose health centre based in the borough of Newham. The health centre is located in a prominent high street location. The practice moved to its current location in 2009. The practice rented the surgery accommodation from a local NHS trust.

There are three GPs (two female and one male) and two regular locum GPs. The GPs provided a total of 22 clinical sessions per week. There are two practice nurses and one healthcare assistant. A new full time partner was due to join the practice in March 2017.

The surgery reception is open from 8am to 8pm Monday to Friday with the exception of Thursday when it is open from 9am. The practice is open from 9am until 6pm on Saturdays. Phone lines are open from 9am to 6.30.

Appointments with GPs are available between 9am and 6pm four days a week (Monday, Tuesday, Wednesday and Friday) and between 9am to 12pm on Thursdays and from 9am to 4.30pm on Saturdays.

The practice list size was 6820. The list size had increased by 2000 in the last two years. The largest group of patients

are aged 20 to 29. The second largest patient group were aged 30 to 39. Older people aged over 60 made up a small proportion of patients. Approximately 22% of patients were under 19 years of age. 51% of patient's first language was not English. The practice provided medical care to 71 residents of Westgate House nursing home.

This practice had not been inspected previously.

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 19 January 2017.

During our visit we:

- Spoke with a range of staff which included GPs, practice nurse, the practice manager and administration staff. We spoke with patients who used the service.

Detailed findings

- 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 learned about the practice incident reporting process at induction. They said 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 support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, we saw a patient had an allergic reaction to a medicine they had been prescribed by a locum doctor who had not seen the allergy alert on the practice's computer system. The practice had updated the locum induction pack highlighting where to find information about allergies and stressing the importance of checking this information before issuing a prescription.
- The practice analysed incidents which were discussed at the monthly practice meetings
- We saw the results of the analysis carried out on four significant events which occurred in 2015. These had been fully investigated and actions were identified for reducing the risk of a similar event occurring again.
- 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.

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 were trained to safeguarding level 2, other staff had received level 1 training.
- Staff told us patients were offered a chaperone for intimate examinations. We did not see any notices advising patients that chaperones were available if required. Staff had not been trained to chaperone. The practice had plans to provide training. 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. We saw a copy of the practice's infection control policy, which was signed and dated. 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.
- There were arrangements in place for managing medicines, including emergency medicines and vaccine. However, some areas of medicines management were not consistent with best practice.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines.
- Medicines were kept in a cupboard which was lockable but not secure.

Are services safe?

- The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing as suggested in the CCG formulary.
- However, we found blank prescription forms were not stored securely in printers in consultations rooms.
- The practice checked prescriptions which had not been picked up by patients every three months. This meant the practice were not able to identify patients had not collected a medicine which was critical for their health or urgent until several weeks later. There was a risk some patients might not be taking medicine, which was important for treating their condition.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines. We reviewed 15 PGDs and found the majority had been reviewed and signed. However, three PGDs had not been updated by the review date in October 2016. When we discussed this with the practice manager they informed us they had arranged to have these reviewed.
- The practice had systems in place for reviewing hospital discharge letters and other patient related correspondence. The duty doctor reviewed the correspondence and identified what action was required for example arranging an appointment for a follow up review.
- We reviewed four 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 on the practice intranet. 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 control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice had a service level agreement in place with their landlord which covered health and safety issues.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice kept the availability of GPs under review and the senior partner would work additional sessions to ensure the practice responded to demand.

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. The children's mask was out of date. When brought this to the attention of staff it was replaced immediately.
- 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.
- A business continuity plan had been developed. This identified alternative accommodation for the practice e building became unavailable, what to do if the computer and telephone systems.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98.4% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015-2016 showed:

- Performance for diabetes related indicators was lower than the national average. The proportion of patients with diabetes whose blood sugar levels were less than 64 mmol/mol was 72% compared with the CCG average and the national average of 78%.
- The number of patients with diabetes whose blood pressure was measured as 140/80 was 80% compared to 80% in the CCG and 78% nationally.
- The percentage of patients whose cholesterol was 5 mmol/l or less was 76% compared to 79% in the CCG and 80% nationally.
- Performance for mental health related indicators was better than the national average. The percentage of patients with schizophrenia, bipolar disorder or other psychoses who have an agreed care plan documented in their record was 93% compared with 84% in the CCG and a national average of 89%.

- The percentage of patients with a mental health condition whose alcohol consumption was recorded in the preceding 12 months was 97% compared to 89% in the CCG and a national average of 89%.
- The percentage of patients with dementia whose care plans was reviewed in a face to face review in the preceding 12 months was 85% compared to 81% in the CCG and a national average of 84%.
- 100% of patients with COPD had a breathlessness assessment using the Medical Research Council dyspnoea scale compared with 87% in the CCG and a national average 90%.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years: antibiotic prescribing and patient waiting times. The reason for carrying out the waiting time audit was in response to patient complaints. The practice aimed to see patients within 30 minutes of their appointment time. However sometimes delays built up because consultations took longer than planned. The audit compared the length of time patients waited in September 2016 compared to September 2015. The results showed the number of patients waiting longer than 30 minutes had reduced. The practice identified what action to take to make further improvements. The actions included triaging patients when they booked their appointment to ensure they were booked with the most appropriate clinician.
- The practice participated in local audits, national benchmarking, accreditation and peer review
- The practice completed the Royal College of Practitioners audit for all new cancer cases diagnosed. The practice reviewed these cases annually identifying any changes in practice which could be implemented to improve the early identification of patients with cancer.

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 incident reporting safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Are services effective?

(for example, treatment is effective)

- 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. The practice nurses had received additional training to support patients with asthma and diabetes. The nurse who supported patients with diabetes initiated insulin therapy.
- 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.
- Registered professional staff told us they received professional supervision from the senior partner. They said there was a professional nurses forum and an on-line website for professional nursing updates provided by Newham CCG.

Coordinating patient care and information sharing

- The practice held monthly multi disciplinary meetings with community nurses, a social worker and palliative care staff to discuss patients with complex needs including those approach the end of life. The practice shared information with other healthcare providers by submitting information about patients approaching the end of life via a web based clinical information sharing system.

- 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.
- The practice worked with a 'Transitional Team' to provide primary care services to homeless people and people who were not registered with a GP.

Consent to care and treatment

Staff sought patient's consent to care and treatment but some staff were not aware of the requirements of the Mental Capacity Act 2005.

- Staff understood the relevance of consent but some staff did not understand the requirements of the Mental Capacity Act 2005 (MCA). They were unsure about the process for obtaining consent for patients who had a mental health condition which meant they did not have the mental capacity to consent to treatment. They said they would speak to the GPs to obtain advice. When we spoke with the practice manager they confirmed that key staff had completed MCA training in January 2017. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice's uptake for the cervical screening programme was 70%, which was comparable to the CCG average of 67% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning

Are services effective?

(for example, treatment is effective)

disability and they ensured a female sample taker was available. 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 because of abnormal results.

- The practice also encouraged patients to attend national screening programmes for bowel and breast cancer screening.
- 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. We spoke with three patients. One patient told us, 'All the staff are so respectful and nice.'

- 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.

We received 34 patient Care Quality Commission comment cards. 33 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with the Chair of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect although the practice did not score as highly as other practices in the CCG for all measures. For example:

- 79% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 82% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 78% and the national average of 87%.
- 84% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 86% and the national average of 95%.

- 76% 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%.
- 78% 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%.
- 76% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 87%. The practice was aware that the results of the survey were worse than the national average and were discussing ways of improving patient experience.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

The practice participated in a self management support programme organised by the CCG. The practice identified patients who were eligible to be supported by the programme.

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. Results were in line with local and national averages. For example:

- 77% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 68% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 80% 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 provided facilities to help patients be involved in decisions about their care:

Are services caring?

- 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. However, we found the organisation of the reception area confusing. Three practices were located at the health centre and it was not always clear which information related to a practice.
- The practice's computer system alerted GPs if a patient was also a carer. The practice was in the process of developing a carer's register. Support was offered to carers but there was no process in place for offering services tailored to meet carers' needs for example carers 'reviews'.
- Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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 participated in Newham CCGs primary prevention scheme. This was a scheme designed to identify patients at risk of developing a range of conditions. The practice identified patients at risk and offered advice and interventions to reduce the risk of developing the condition. For example the practice identified patients who were pre-diabetic and offer tests and advice. The CCG had developed a booklet for GPs to give to patients with information and advice. The scheme covered patients with atrial fibrillation, which might require anti-coagulant therapy, heart failure, chronic obstructive pulmonary disease (COPD), kidney disease. A similar scheme was in place for patients with a mental health condition.
- The practice also undertook latent tuberculosis (TB) screening for newly registered patients who had not previously been tested and been resident in the country for less than five years.
- Patients could book appointments online.
- The practice used text messaging to remind patients about booked appointments and for recalling patients for routine investigations and follow up appointments.
- The practice provided double appointments for patients with a learning disability for their annual health checks.
- The practice offered appointments which could be pre-booked and emergency same day appointments. Emergency appointments were prioritised for children and older people.
- Longer appointments available for vulnerable patients, for example, patients that needed an interpreter.
- The practice provided access to interpreters. Some practice staff were multilingual or they used Language stop.
- Mental health nurses from the local mental health trust saw patients at the surgery.
- The practice identified high risk patients with the most complex conditions and developed individual care plans to support their needs and reduce the possibility that they had unplanned admissions to hospital.
- The practice used an online prescription service and patients could use the electronic prescriptionservice to send their prescription to their chosen pharmacist.
- The practice provided spirometry and ECG for patients with a lung or chest condition.
- Out of hours patients could access care at the AUA service provide by the Newham GP co-operative. Patient were able to ring and make an appointment to be seen by the out of hours service.
- 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. On the day of our inspection, we saw 11 same day appointment slots were held on the appointment system. The next non urgent bookable appointment was in 10 working days.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities and a hearing loop for patients with impaired hearing.
- The practice had disabled access and the treatment rooms were located on the ground floor.

Access to the service

- Appointments with GPs are available between 9am and 6pm four days a week (Monday, Tuesday, Wednesday and Friday) and between 9am to 12pm on Thursdays and from 9am to 4.30pm on Saturdays.
- In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.
- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

Are services responsive to people's needs?

(for example, to feedback?)

- 76% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 37% of patients said they could get through easily to the practice by phone compared to the national average of 73% The practice recognised the problem and made improvements to their telephome system.
- 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. The duty GP triaged patients for urgent appointments providing consultations with some patients over the telephone.
- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The senior partner was responsible for overseeing the complaints process. The practice manager dealt with complaints on a day to day basis investigating and responding to complaints. We saw that information was available to help patients understand the complaints system.
- The practice received nine complaints in 2016 we saw evidence that these were analysed. The majority of complaints related to difficulties getting through to the practice on the telephone. In response to this the practice changed the appointment system and the number of complaints had dropped.

Listening and learning from concerns and complaints

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

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 developed plans for expanding the practice following a review of primary care within the CCG. This involved expanding the practice to increase the list size and employ an additional GP and Nurse Independent Prescriber. The practice had been through a period of change. A new interim practice manager had been recruited to review the practice's administration in readiness for the planned expansion.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff on the practice intranet.
- There was a good understanding of the practice's performance.
- The practice carried out audits to monitor quality and to make improvements.
- The practice contributed to the CCG locality structure where clinical development were discussed.
- The interim practice manager was in the process of developing a process for identifying recording and managing risks, including a risk register and implementing mitigating actions.
- There were monthly practice meetings where staff training, incidents, significant events, complaints, drug alerts and vaccines updates were discussed.
- There was a lease agreement in place with the practice's landlord which set out their respective responsibilities.

Leadership and culture

- The practice had been through a period of change and the practice manager had left. An interim manager had been recruited who had reviewed the practice's

organisation and governance. They had developed a plan for all the issues which needed to be addressed. The majority of actions contained in the plan had been completed.

- On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us all the GPs were approachable and always took the time to listen to all members of staff.
- The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty.

The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.
- There was a clear leadership structure in place and staff felt supported by management.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff told us they felt respected, valued and supported by all the GPs in the practice. Staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

Are services well-led?

Good 

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

- 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. We met the Chair of the PPG who told us the group was small but they had good relationships with staff at the practice. The group had met once a year but the membership and chair of the group had changed recently and they were reviewing how the group might operate in future. They told us that the practice acted on issues raised by the group for example problems getting through on the phone. The practice had changed the system and the number of complaints had reduced. The practice had also computerised prescribing and the appointment system which had also improved access to services. They said they felt involved with the practice and the CCG sent information about health issues in the area. The group had 11 members. They said the group wanted to recruit more members to be more representative for example young people. They said they were involved in designing the questions in a patient satisfaction survey.
- We saw the results of a patient survey carried out in 2016. The practice received 47 responses from patients. The survey asked about access to the surgery, how patients made appointment, how long they waited for their most recent appointment, how likely they were to see a doctor of their choice, how helpful reception staff were and whether they would recommend the surgery

to people who moved to the area. The practice had developed an action plan based on the patient survey results. The actions included informing patients about the electronic prescribing service because of the high of patient s who indicated that they were aware of the service. The practice information pack for new patients was revised to include information at the online appointment system because the survey also identified that patients were unaware of the online appointment system.

- The practice gathered feedback from staff at practice meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. The interim practice manager told us the practice had recruited them to review their administrative procedures. They said they had carried out a complete review and we saw the action plan they had developed. They said the senior partner and GPs accepted their feedback and suggestions for improvement.
- Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

- The practice participated in Newham CCGs primary prevention service.
- There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.