

Tollgate Medical 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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Tollgate Medical Centre on 4 July 2016. 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 generally assessed and well managed with the exception of those relating to infection control and prescriptions security.
- 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.
- Feedback from patients about their care was consistently positive. 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.
- The practice had strong and visible clinical and managerial leadership and governance arrangements 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.

Summary of findings

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.

We saw two areas of outstanding practice:

- The practice showed leadership and took responsibility at an organisational level to improve local child protection arrangements. For example, clinical and non-clinical staff made detailed records of barriers in reporting and communicating individual child protection concerns to allied health and social care professionals. Staff collated and sustained escalation of its concerns until they reached persons responsible for the system. The practice's ongoing commitment triggered an analysis of the system to improve child protection arrangements in the local area.
- The practice was responsive to its patients and had proactively engaged its PPG as partners in operational and strategic planning as well as work to engage the local community. For example, the PPG had made suggestions to improve medicines prescribing and the practice facilitated the PPG's direct contact with the

local CCG to discuss policy. The PPG made suggestions for improvements to stoma care and diabetes care which led to the practice initiating a borough wide support group and local diabetes educational group within the practice. (A stoma is an opening on the front of the abdomen which is made using surgery. It diverts faeces or urine into a pouch on the outside of your body). The practice had worked jointly with the PPG to provide health promotion through local events such as healthy eating, a PPG 3rd birthday fun party and a festival at Easter time. The practice had plans to move to bigger premises and the PPG was involved with the plan.

The areas where the provider should make improvement are:

- Review and embed systems for prescriptions security and infection prevention and control.
- Ensure plans to improve communication with patients who are deaf or hard of hearing are implemented.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- The practice used every opportunity to learn from incidents to support improvement both within and outside the practice such as systems for patients test results.
- Risks to patients were generally assessed and well managed. However, the practice should embed and evaluate improvements for prescriptions security and infection prevention and control.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. It demonstrated leadership to improve local child protection arrangements and had triggered an analysis of wider arrangements to make systemic improvements.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Staff worked jointly with the PPG to share and promote best practice in areas such as diabetes and stoma care.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice provided in house staff training that included role play exercises on customer care.
- The practice had five homeless patients on its register; it worked closely with a local hospice and made referrals to the befriending service for isolated patients.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients can access appointments and services in a way and at a time that suits them and there was continuity of care. On the day of inspection there were same day urgent and routine appointments available and the next online advance appointment was in three days.
- 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, it had identified it had a relatively high population of working age women and offered a full range of contraceptive services delivered by female clinicians included IUCD ("coil") procedures.
- The practice was encouraging patients to participate in a "League of Fitness" where patients used an app in a peer led group to improve fitness and lose weight.
- The practice had a wide range of services available on site, it had good facilities and was well equipped to treat patients and meet their needs.
- The PPG made suggestions for improvements to stoma care and diabetes care which led to the practice initiating a borough wide support group and local diabetes educational group within the practice.
- The PPG and practice had jointly arranged health promotion and community engagement events such as healthy eating, a PPG 3rd birthday pride fun day and seasonal festivals at Easter time.

Good



Summary of findings

- The practice had a new quarterly newsletter for patients with updates on staffing, minor ailments, access and inviting patients to complain about or compliment the service.
- 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.
- The practice had undertaken a survey in 2015 where patients expressed difficulty in getting a GP appointment within two days. It used benchmarking data to inform improvements to and set a target of providing 72 appointments per week per 1,000 patients. The practice employed an extra three salaried GPs to deliver 13 more sessions per week and achieved its target and planned to re-audit in November 2016.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- High standards were promoted by individual staff owning responsibilities, teams leading on specific areas and staff working together across all roles. For example, there was a reference library of resources that were updated and refreshed by staff with skills and responsibilities in key areas such as complaints, safety alerts and safeguarding.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. For example there were regular area specific meetings for staff such as nurses and reception staff, as well as wider clinical and whole staff meetings.
- The practice gathered feedback from patients and it had a very engaged patient participation group which influenced practice and CCG development. For example, the practice facilitated the PPGs direct contact with the local CCG to discuss a prescribing policy.
- The practice had an overarching governance structure that was underpinned by effective systems and processes driven by staff. This drove demonstrable and sustainable improvement such as a “keep calm and work smarter” framework for staff suggestions that were followed through.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The percentage of patients with rheumatoid arthritis, on the register, who had had a face-to-face annual review in the preceding 12 months was 100% which was comparable to 91% within the CCG and 91% nationally.
- The practice identified 396 patients at high risk of hospital admission such as frail older people (2% of its list size), 345 of these patients (87%) had a care plan review in the past 12 months.
- The practice held eight weekly multidisciplinary team meetings to discuss the care of older people with community nursing, palliative care and health visitor colleagues

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments were available when needed and the practice nurse and health care assistant team undertook regular home visits for housebound patients.
- The practice identified 2517 patients with long term conditions (15% of its list size). These patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- 96% of patients with long term conditions had their smoking status recorded in the last 12 months and 99% of those who smoke (450 patients) received smoking cessation advice.
- 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.

Summary of findings

- On site services included phlebotomy, ECG, 24 hour blood pressure monitoring, contraception and joint injections. (Phlebotomy is blood sample collection and an ECG or “electrocardiogram” is a test which measures the electrical activity of your heart's rhythm and activity).
- Performance for diabetes related indicators was 93% compared to the CCG average of 87% and national average of 89%. The practice identified 234 patients with prediabetes and 59% had an annual monitoring review.
- The percentage of patients with hypertension having regular blood pressure tests was 88% compared to the CCG and national averages of 84%.
- The PPG made suggestions for improvements to stoma care and diabetes care which led to the practice initiating a borough wide support group and local diabetes educational group within the practice.

Families, children and young people

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

- The practice demonstrated a high degree of commitment and leadership to improve local child protection arrangements and had triggered an analysis of wider arrangements to make systemic improvements in this area.
- The practice worked in close partnership with the PPG to provide health promotion community and family events such as healthy eating during a PPG pride 3rd Birthday with face painting, and seasonal festivals for example at Easter time.
- Three GPs at the practice offered IUCD (“coil”) procedures. All GPs and two specially trained members of the nursing team offered contraception services including to teenagers. Records indicated that they were treated in an age-appropriate way and recognised as individuals.
- 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.
- The practice had a wide range of services available on site.
- Childhood immunisation rates for the vaccines given to under two year olds ranged from 82% to 98% (CCG ranged from 82% to 94%) and five year olds from 85% to 98% (CCG ranged from 82% to 94%).

Outstanding



Summary of findings

- 79% of patients diagnosed with asthma, on the register had an asthma review in the last 12 months compared to 78% within the CCG and 75% nationally.
- The practice's uptake for the cervical screening programme was 94% compared to the CCG average of 81% and the national average of 82%.
- The practice held eight weekly multidisciplinary team meetings with community nursing and health visitor colleagues to discuss and plan care for children and protected children.
- Appointments were available outside of school hours and the practice ran a child development clinic and hosted a midwife clinic, both weekly.
- We saw positive examples of joint working with health visitors and the premises were suitable for children and babies.
- A midwife attended the practice twice weekly. The practice also provided a consulting room on a weekly basis for the Ultrasound department of Newham University Hospital for patients on their own list and patients from other practices.
- The practice had recruited three apprentices from the local community to train and develop in general practice administration and support the wider team.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Patients could refer themselves for talking therapies and physiotherapy.
- The practice was the highest performer for health checks for 40 – 75 year old patient's years in Newham.
- The practice had a wide range of services available on site.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability and a spreadsheet to ensure vulnerable patients discharged from hospital were followed up within three days.
- The practice had a nominated lead GP for patients with learning disabilities. Sixty six of the 77 patients with learning disabilities (86%) had had received an annual health check.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients and had links with a local hospice and referred isolated patients to the local befriending service.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. such as “Community Links” and the Citizens Advice Bureau.
- Staff knew how to recognise signs of abuse and were proactive in safeguarding 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.
- The practice liaised with and provided shared care prescribing with a local substance misuse service.

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 had identified 38 patients diagnosed with dementia on its register. Eighty three percent of these patients had their care reviewed in a face to face meeting in the last 12 months, which was comparable to CCG average of 87% and the national average of 84%.
- Several GPs had undertaken rotations at Newham Centre for Mental Health as part of their GP training and staff had undertaken online dementia awareness training.
- Performance for mental health related indicators was 100% compared to the CCG average at 87% and the national average of 93%.
- The practice had identified 167 patients on its register with a mental health condition and 13% had been exception reported. 89% of these patients had a care plan, 94% had their alcohol intake recorded in the last 12 months and 100% of those eligible had a smear test in the past five years.

Good



Summary of findings

- The practice hosted three full days of counselling services that were accessible to its patients and patients could self-refer to access talking therapies.
- The practice held alternate monthly multidisciplinary meetings with the community mental health team to discuss the most complex cases, including to achieve outpatients transfer to GP care for some patients recovery closer to home.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practices performance was better than or comparable to local and national averages. Three hundred and seventy six forms were distributed and 111 were returned. This represented 1% of the practice's patient list.

- 80% found it easy to get through to this surgery by phone which was better than the CCG average of 61% and the national average of 73%.
- 86% were able to get an appointment to see or speak to someone the last time they tried (CCG average 66%, national average 76%).
- 95% described the overall experience of their GP surgery as fairly good or very good which was comparable to the CCG average of 76% and the national average of 85%).
- 91% said they would recommend their GP surgery to someone who has just moved to the local area which was better than the CCG average of 69%, and comparable 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 27 comment cards and 24 were entirely positive about the service experienced. Two cards expressed dissatisfaction with the reception staffs approach and one patient had felt rushed. However, all remaining patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with ten patients during the inspection. All ten patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Three patients wanted to see a specific GP more often or preferred to be seen in person instead of speaking to a GP on the telephone first.

The practice's friends and family test results (July 2015 – June 2016) showed the majority of patients were happy with the appointments system and care and treatment they received.

Areas for improvement

Action the service **SHOULD** take to improve

- Review and embed systems for prescriptions security and infection prevention and control.

- Ensure plans to improve communication with patients who are deaf or hard of hearing are implemented.

Outstanding practice

We saw two areas of outstanding practice:

- The practice showed leadership and took responsibility at an organisational level to improve local child protection arrangements. For example, clinical and non-clinical staff made detailed records of barriers in reporting and communicating individual child protection concerns to allied health and social care professionals. Staff collated and sustained escalation of its concerns until they reached persons responsible for the system. The practices ongoing commitment triggered an analysis of the system to improve child protection arrangements in the local area.

- The practice was responsive to its patients and had proactively engaged its PPG as partners in operational and strategic planning as well as work to engage the local community. For example, the PPG had made suggestions to improve medicines prescribing and the practice facilitated the PPGs direct contact with the local CCG to discuss policy. The PPG made suggestions for improvements to stoma care and diabetes care which led to the practice initiating a borough wide support group and local diabetes educational group within the practice. (A stoma is an opening on the front of the abdomen which is made using surgery. It diverts faeces or urine into a pouch on the outside of your

Summary of findings

body). The practice had worked jointly with the PPG to provide health promotion through local events such as

healthy eating, a PPG 3rd birthday fun party and a festival at Easter time. The practice had plans to move to bigger premises and the PPG was involved with the plan.

Tollgate Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

The team included a GP specialist adviser, a second CQC inspector, a practice nurse specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to Tollgate Medical Centre

Tollgate Medical Centre is situated within the NHS Newham Clinical Commissioning Group (CCG). The practice provides services to approximately 16,800 patients under a Personal Medical Services (PMS) contract. The practice provides a full range of enhanced services including a diabetes clinic, child and travel vaccines, and family planning including coil fitting. It is registered with the Care Quality Commission to carry on the regulated activities of Maternity and midwifery services, Family planning services, Treatment of disease, disorder or injury, Surgical procedures (joint injections only), and Diagnostic and screening procedures.

The premises are purpose built and arranged over two stores; all consulting rooms are on the ground floor.

The staff team at the practice includes eight GP partners, (four female working a total of 28 sessions, and four male working a total of 21 sessions per week), two salaried GPs (both male working a total of ten sessions per week), three GP registrars (one male working eight sessions and two female working a total of 16 sessions per week), a female advanced nurse practitioner and independent prescriber working 37.5 hours per week, four female practice nurses (three working 37.5 hours and one working 36 hours per week), three female health care assistants (working 36, 28 and 16 hours per week), a practice pharmacist working 37.5

hours per week, a practice manager working 37 hours per week, a team of full time reception and administrative staff, and one part time member of reception staff. The practice provides teaching for medical students and training for qualified GP registrars, Senior House Officers (a junior position for graduate doctors who are under training within a medical specialty), pre-registration nursing students, a trainee advanced nurse practitioner, and a trainee practice nurse.

The practice's core opening hours are between 8:00am to 6:30pm every weekday. The practice offers extended hours from 7:00am to 8:00am every weekday and from 6:30pm until 7:00pm on Mondays. GP appointments are from 7:00am to 6:30pm every weekday except Monday when they are until 6:50pm. Patients telephoning are transferred to the local out-of-hours service provider when the practice is closed. Appointments include pre-bookable appointments, home visits, telephone consultations and urgent appointments for patients who need them.

The practice is located in one of the most diverse and deprived areas in England. Locally held data shows the top five languages spoken by patients whose first language is not English are Lithuanian, Bengali, Polish, Russian and Romanian. The average male and female life expectancy for the practice is 78 years for males (compared to 77 years within the Clinical Commissioning Group and 79 years nationally), and 83 years for females (compared to 82 years within the Clinical Commissioning Group and 83 years nationally).

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

Detailed findings

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.

This provider had not been inspected under the current 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 on 4 July 2016.

During our visit we:

- Spoke with a range of staff (GP partners, practice nurses, practice manager, health care assistant, and reception and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety within and outside in the practice. For example, the practice contacted a patient to apologise and check their well-being after a medicine was not re-prescribed as needed. It carried out an analysis of how the error occurred and arranged a staff team meeting to discuss and share the learning. The practice remained in close contact with the patient throughout and changed its internal prescribing systems to better communicate details of prescribed medicines within the practice and to the pharmacist.

Staff told us the practice was second highest reporter of "amber alerts" to the CCG (the alerts are designed to identify problems and improve quality and safety within the local area). For example, the practice administrative staff had identified a discrepancy in a patient's test results which it reported under the alerting system. This resulted in the relevant hospital identifying several thousand patients that may have been affected and a hospital significant events protocol being initiated.

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 GP for safeguarding and 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 and Nurses were trained to child protection or child safeguarding level 3.
- The practice showed leadership and took a proactive responsibility to ensure the safety of individual children and improve local arrangements for child protection. For example, it had repeatedly experienced systemic barriers in reporting and communicating child protection concerns to allied health and social care professionals. The practice reported the problems to relevant persons and dedicated resources to ensure the accuracy of its child protection registers and appropriate of its communication protocols with relevant professionals. The practice maintained a detailed log of all system errors it experienced and escalated concerns until they reached persons responsible for the system. The practice's sustained commitment had triggered an analysis of the wider system to improve child protection arrangements.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and

Are services safe?

staff had received up to date training. Annual infection control audits were undertaken, the last being in June 2016 and we saw evidence that most actions had been taken to address any improvements identified as a result, for example the practice had replaced fabric with wipeable chairs. However, the plan did not always have dates to complete actions such as removing plugs from basins in clinical rooms which had not been undertaken but was not a high risk. Immediately after inspection the practice sent us an infection control audit that indicated basin plugs had been removed and other time scaled actions to be undertaken.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. There were systems in place to monitor prescriptions use but the cleaner had access to areas where prescriptions were left in the printer out of hours. However, immediately after inspection the practice implemented a prescriptions security policy and procedure that included blank prescriptions removal from printers and a date for review. Refrigerated medicines were properly stored and monitored but medicines refrigerators only had one thermometer (two are recommended). We noted second thermometers had been ordered and returned prior to inspection because they were not working properly and replacements were on their way. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received appraisal and day to day support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed five personnel files and found appropriate recruitment checks had generally 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

We looked at systems in place for assessing and managing risks to patients:

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

Are services safe?

- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. For example, the practice improved its policy on treatment for patients with heart failure in response to NICE guidelines and used "top tips" from the British Heart Foundation in treating patients.
- The practice monitored that these guidelines were followed through 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% of the total number of points available, with 7% exception reporting.

The practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014 - 2015 showed;

- Performance for diabetes related indicators was 93% which is similar to CCG and national averages (CCG average 87%, national average of 89%)
- The percentage of patients with hypertension having regular blood pressure tests was 88%, which is similar to the CCG and national averages of 84%
- Performance for mental health related indicators was 100%, which was similar to CCG and national averages (CCG average 87%, national average 93%)

The practice was the highest performer for health checks for 40 – 75 year old patient's years in Newham. We noted that 1,280 patients on its list were eligible for a Health Check and 1,226 were invited (minimum target from Local Authority was 256). 860 attended (minimum target was 169) which was 67% of the eligible population and exceeded the target of 20%.

There was evidence of quality improvement including clinical audit.

- There had been ten clinical audits completed in the last two years across a wide range of topics including antibiotics prescribing, appointments, cancer, continence products, and hospital admissions. Both of the antibiotics prescribing audits were completed audits where the improvements made were implemented and monitored. For example, the practice had audited and re-audited an antibiotic and increased appropriate prescribing from 78% in the first cycle to 88% in the second cycle.
- The practice participated in local audits, benchmarking and peer review.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those undertaking minor surgery and reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services and by allowing patients to opt in or out of a data sharing agreement with out of hours services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice pro-actively followed up for vulnerable patients that had either been discharged from hospital or seen in accident and emergency services by using a code for these patients and allocating a member of staff to make contact with the patient to ensure all was well or arrange a follow up GP appointment where required. Meetings took place with other health care professionals on a bimonthly basis, including with mental health and palliative care professionals. Care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits. For example, the practice had audited consent for minor surgery and found that 100% of patients recorded consent.

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 94% compared to the CCG average of 81% and the national average of 82%.

There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and they ensured female sample takers were available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccines given were comparable to CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 82% to 98% (CCG ranged from 82% to 94%) and five year olds from 85% to 98% (CCG ranged from 82% to 94%).

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

Twenty four of the 27 patient Care Quality Commission comment cards we received were positive about the service experienced. Two cards expressed dissatisfaction with the reception staffs approach and one patient had felt rushed. However, all remaining patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey published January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was higher or comparable for its satisfaction scores on consultations with GPs and nurses. For example:

- 96% said the GP was good at listening to them compared to the CCG average of 83% and national average of 89%.
- 94% said the GP gave them enough time (CCG average 82%, national average 92%).
- 99% said they had confidence and trust in the last GP they saw (CCG average 91%, national average 95%).
- 93% said the last GP they spoke to was good at treating them with care and concern (CCG average 76%, national average 85%).

- 93% said the last nurse they spoke to was good at treating them with care and concern (CCG average 80%, national average 91%).
- 95% said they found the receptionists at the practice helpful (CCG average 80%, national average 87%).

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable to local and national averages. For example:

- 94% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and national average of 86%.
- 90% said the last GP they saw was good at involving them in decisions about their care (CCG average 74%, national average 82%).
- 90% said the last nurse they saw was good at involving them in decisions about their care (CCG average 77%, national average 85%).

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

- Staff told us that translation services were available for patients who did not have English as a first language. Practice staff spoke 19 languages between them and the practice had employed staff that spoke four of the five most prevalent patient's languages after English; such as Lithuanian, Bengali, Russian and Romanian. We saw notices in the reception areas informing patient's interpreting services were 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

Are services caring?

a number of support groups and organisations. Information about support groups was also available on the practice website. For example, for patients experiencing domestic violence.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 176 patients as carers (1% of the practice list). The practice improved care for carers by offering them health checks, the influenza

vaccine and hosting an event for carers with representatives from a national carer's charity present. Written information was available to direct carers to the various avenues of support available to them.

The practice had a policy in for the event of a patient's death and bereaved patients named GP contacted them. This call was either followed by a letter of condolence from the practice or 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 such as bereavement support via the local hospice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, it had identified it had a relatively high population of working age women and offered a full range of contraceptive services delivered by female clinicians including IUCD ("coil") procedures.

- The practice was encouraging patients to participate in a "League of Fitness" where patients used an app in a peer led group to improve fitness and lose weight.
- The practice offered extended hours GP appointments from 7.00am to 8.00am every weekday and from 6.30pm until 6.50pm on Mondays for working patients who could not attend during normal opening hours.
- The practice offered longer appointments for patients with a learning disability.
- GP home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. In addition, practice nurses and health care assistant staff provided home visits according to patient's needs; for example for chronic disease reviews and blood tests.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities such as a lower level reception desk, disabled car park and translation services available.
- There was no hearing loop for patients who were deaf or hard of hearing. However, the practice had received installation quotes and staff told us they had written things down and used system alerts that prompted BSL sign language interpreters booking in advance of appointment if needed.
- The practice had a wide range of services available on site including phlebotomy, ECG, 24 hour blood pressure monitoring, contraception, joint injections and talking therapies. (Phlebotomy is blood sample collection, an ECG or "electrocardiogram" is a test which measures the

electrical activity of your heart's rhythm and activity, talking therapies can help you work out how to deal with negative thoughts and feelings and make positive changes).

- The PPG made suggestions for improvements to stoma care and diabetes care which led to the practice initiating a borough wide support group and local diabetes educational group within the practice. (A stoma is an opening on the front of the abdomen which is made using surgery. It diverts faeces or urine into a pouch on the outside of your body).
- A midwife attended the practice twice weekly. The practice also provided a consulting room on a weekly basis for the Ultrasound department of Newham University Hospital for patients on their own list and patients from other practices.

Access to the service

The practice's core opening hours were between 7:00am and 7:00pm on Monday and 7:00am and 6.30pm Tuesday to Friday. GP appointments were from 7:00am to 6.30pm every weekday except Monday when they were until 6.50pm. Patients telephoning were transferred to the local out-of-hours service provider when the practice was closed. Appointments included pre-bookable appointments, home visits, telephone consultations and urgent appointments for patients who 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 or higher than local and national averages.

- 92% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 78%.
- 80% of patients said they could get through easily to the practice by phone compared to the CCG average of 61% and national average of 73%.

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

The practice had undertaken a survey in 2015 where patients expressed difficulty in getting a GP appointment within two days. It responded by benchmarking data to inform planning for improvements to its provision of GP appointments and set a target of providing 72 appointments per week per 1,000 patients. The practice employed an extra three salaried GPs to deliver 13 more

Are services responsive to people's needs?

(for example, to feedback?)

sessions per week. It achieved its target and planned to re-audit in November 2016. The practice also promoted more efficient use of GPs sessions through raising patient's awareness of the minor ailment scheme (where a pharmacist is able to help with ailments such as a common cold).

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated manager who handled all complaints in the practice.
- There was no complaints poster in the reception but there was a leaflet available to help patients understand the complaints system.

We looked at six complaints received in the last 12 months and found these were dealt with openness and in a timely way. Lessons were learnt from individual concerns and complaints, and also from analysis of trends and action was taken as a result to improve the quality of care. For example, a patient raised concerns about their symptoms following a clinical sample test at the practice and staff contact the patient on the same day. The practice referred the patient for further tests and remained in contact through regular face to face consultations and over the telephone. Staff discussed the complaint to share learning to improve the quality of the procedure and followed up with the patient both verbally and in writing.

The practice had a new quarterly newsletter for patients with updates on staffing, minor ailments, access and inviting patients to complain about or compliment the service.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement, it was not displayed in the reception area but staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored for example at practice and PPG meetings.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This was underpinned by effective systems and processes that drove continuous and sustainable improvement. For example:

- The practice had established an information bank with indexed safety alert logs and data that all staff had access to. This provided a reference library of resources that were updated and refreshed by staff with skills and responsibilities in areas such as complaints, compliments, safety alerts, safeguarding lists, vulnerable patients and significant events.
- Practice specific policies were available to all staff and had been ratified, reviewed and implemented with the exception of prescriptions security which the practice drew up and implemented the day after inspection.
- A comprehensive understanding of the performance of the practice was maintained and a programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Low risk infection control audit actions did not have a date plan for follow up. However, arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were in place and had otherwise been undertaken.
- Clinical and management staff had worked jointly to drawn up clear visual maps of pathways for processes such as management of inbound clinical results and documents, and management of daily prescription requests alongside a revised format of GP appointments

to reflect patient's requirements and feedback. This promoted efficient use of GP resource for example through increasing provision of telephone appointments.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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.

- The practice held regular clinical, nursing team, reception team and whole staff team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and encouraged to identify opportunities to improve the service delivered. For example, the practice ran a "keep calm and work smarter" initiative to capture staff suggestions for improvement that included ideas such as how to make new staff feel welcome, and freeing up more GP appointments following nurse practitioner sessions taking place on the same day.

Are services well-led?

Good 

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

- The practice had attracted and retain staff such as salaried GPs that were taught and trained in house and trainee nursing staff who had subsequently been recruited. It had also recruited three apprentices from the local community.

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

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

The practice worked in partnership with its PPG to understand and deliver better outcomes for its patients and the wider community:

- The PPG met bimonthly and was included in operational and strategic planning as well as in work to engage the local community. For example, the PPG had made suggestions to improve Vitamin D prescribing and the practice facilitated PPGs direct contact with the local CCG to discuss policy. The PPG made suggestions for improvements to stoma care and diabetes care which led to the practice initiating a borough wide support group and local diabetes educational group within the practice. The practice had worked jointly with the PPG to provide health promotion through local events such as healthy eating, a PPG 3rd birthday fun party a festival at Easter time. The practice had plans to move to bigger premises and the PPG was involved with the plan.

- The practice had gathered feedback from patients through surveys and complaints received. It and undertook a patients survey and implemented changes as a result such increasing GP sessions and ensuring more efficient use of GPs sessions by promoting the minor ailment scheme whereby patients are seen by an appropriately qualified nurse or the local pharmacist.
- The practice had gathered feedback from staff through staff meetings, appraisals and generally through day to day 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. For example, staff suggestions had resulted in a reduced level of prescription errors.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example:

- The practice was encouraging patients to participate in a "League of Fitness" where patients used an app in a peer led group to improve fitness and lose weight.
- The practice had appointed a pharmacist as part of an NHS England pilot three year training programme.
- The practice had instigated an analysis of local safeguarding referral and communications systems to improve child protection.