Wordsworth Health Centre

Quality Report

19 Wordsworth Avenue
Manor Park
London
E12 6SU

Tel: Tel: 0208 548 5960
Website: https://wordsworthhealthcentre.gpsurgery.net/

Date of inspection visit: 24 November 2016
Date of publication: 10/03/2017

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Wordsworth Health Centre on 24 November 2016. At the practice's previous inspection in June 2015, it was rated as requires improvement for safe, caring and responsive services, resulting in an overall rating of requires improvement. At this inspection, we noted that action had been taken to address our concerns and rated the practice overall as good.

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

- The practice had recently reorganised its clinical leadership team and we noted a common focus on improving quality of care and patient experiences. Leaders had an inspiring shared purpose and strove to deliver and motivate staff to succeed.
- The practice had a clear vision which had quality and safety as top priorities. The strategy to deliver this vision was regularly reviewed and discussed with staff.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes. For example, a trained nurse consultant provided in house psychological therapy and we noted that patient outcomes for mental health were above local and national averages. This was also the case for other conditions such as asthma, cancer and diabetes.
- Face to face and comment card feedback was generally positive regarding the standard of care received.
- The practice made changes to the way it delivered services as a consequence of patient feedback. For example, it had acted on low patient satisfaction scores regarding phone and appointments access by increasing phone line capacity and by publicising on line services, so as to reduce demand on phone lines.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they were managed and responded to, and made improvements as a result.
  - Staff told us they were proud of the organisation as a place to work and spoke highly of the culture. We noted strong collaboration and support across all staff.
  - Practice management and governance arrangements facilitated the delivery of high-quality and person-centred care.

We saw an example of outstanding practice:

The practice provided an in house Cognitive Behaviour Therapy (CBT) service led by a trained CBT nurse consultant. CBT is a psychological therapy which looks at how a patient thinks about a situation and how this affects the way they act or 'behave' which in turn will affect how they think and feel. When we asked the practice for evidence of impact, we were shown patient records which highlighted benefits after relatively short courses of CBT. A patient who had undergone CBT spoke about how the therapy had improved their mental and physical well-being and when we discussed the service with a local consultant psychiatrist, they spoke positively about the practice's low referral rates when compared to other practices in the area and attributed this to the CBT service.

However there were was an area of practice where the provider should make improvements:

- Continue to monitor national GP patient satisfaction scores on appointments access and on how clinicians' involve patients in decisions about their care.

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?

Good

The practice is rated as good for providing safe services.

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

Are services effective?

Good

The practice is rated as good for providing effective services.

- 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.

Are services caring?

Requires improvement

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

- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care although we saw some evidence of how the practice had taken action to improve patient satisfaction scores.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, Newham has the highest level of tuberculosis (TB) in the country and in response, the practice was involved in a CCG funded research project called the 'CATAPULT' trial which screened and treated patients for latent TB.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of patient feedback. For example, Patient Participation Group members spoke positively about how the practice had acted on their suggestion to increase the number of phone lines.
- 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 the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.
- The practice operated a triage based appointments system, whereby patients phoning the practice for an appointment were initially phoned back that day by a GP, so that a clinical decision could be made regarding the type of appointment offered.
- Patient feedback highlighted that people found the appointment system difficult to use; with phone access and appointments not being available unless they were made at particular times of the day (for example, immediately after the practice opened for bookings). However, we also saw evidence of how the practice had worked to improve the appointments system and ensure that people could access the right care at the right time. For example, by raising awareness about on line appointment services, so as to reduce demand on phone lines and by asking health care assistants to undertake tasks such as providing 'fit note' advice by phone, so as to free up GP appointment slots.

Summary of findings

Are services well-led?

Outstanding 

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

- 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. For example, the practice's clinical governance meetings were aligned to the Care Quality Commission's key lines of enquiry.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice had a very engaged patient participation group (PPG) which influenced practice development. For example, we saw evidence of how the practice maintained an ongoing dialogue with the PPG, so as to deliver patient led improvements to the appointments system.
- The leadership drove continuous improvement and staff were accountable for delivering change. There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment such as the latent TB research project and in house CBT therapy service. We also noted that an in house pharmacist had recently commenced work at the practice to provide medicines reviews and other areas of patient care.

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

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered urgent appointments for those with enhanced needs.
- One of the partner GPs was the local CCG GP lead for elderly service users and was working on a Quality Improvement Project at the practice, so as to prevent and manage falls. This entailed developing a falls specific template and risk assessment tool.
- The practice provided in house phlebotomy, ambulatory blood pressure BP monitoring, headache clinic and electrocardiogram (ECG) tests to check heart rhythm and electrical activity.
- The practice provided in house Improving Access to Psychological Therapies for older people.
- Housebound service users were provided with access through e-mail, telephone, video and home visits.
- The practice undertook targeted vaccination campaigns (for example flu and shingles).
- The practice provided an in house pharmacist performing medication reviews and reducing poly-pharmacy (the use of four or more medications by a patient, generally adults aged over 65 years). Patients spoke positively about this service and the medications advice provided.
- The practice also provided in house integrated care multi-disciplinary team meetings supporting high risk patients. This involved social services, physiotherapists and palliative care nurses.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 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.
- Twenty minute appointments were available for complex cases.
- The practice had systems in place to follow up "did not attend" (DNA) appointments in primary and secondary care; namely by health care assistants calling the patient to explore the reason for non-attendance.
- Re-referrals from DNA appointments were made with informed consent over the phone so as to minimise delay and free up GP time.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were above or comparable to CCG averages for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 83%, which was slightly above the CCG average of 80% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with health visitors.
- The practice had introduced a self-referral scheme for pregnant women.
- The practice provided in house Improving Access to Psychological Therapies for young people.
- The practice engaged with Newham Council to promote healthy lifestyles for young people and tackle youth obesity. For example, it promoted the Council's 'Beat the Street' programme which rewarded patients depending on how far they could walk, cycle or run.
- Records showed that safeguarding concerns were discussed at monthly clinical governance meetings.

Working age people (including those recently retired and students)

Good

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

Summary of findings

- 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 reflected the needs for this age group.
- Monday to Friday early morning and Saturday morning appointments were offered.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. This information was also displayed in reception.
- 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.
- A protocol was in place to refer carers to a local support network.

People experiencing poor mental health (including people with dementia)

Outstanding

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

- 97% patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was better than the respective local and national averages of 87% and 84%.
- 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in the record, in the preceding 12 months which was better than the respective local and national rounded averages of 84%.

Summary of findings

- 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.
- The practice held monthly multi-disciplinary meetings to discuss people experiencing poor mental health.
- The practice provided 'smart' appointments where it aimed to undertake all health checks and outstanding tests in one appointment.
- We were told that many working aged local people suffered from stress, social isolation and poverty and that these were risk factors for depression and poor mental health. The practice's in house CBT service was able to provide support to these patients.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing below local and national averages. We noted that 371 survey forms were distributed and 96 were returned. This represented less than 4% of the practice's patient list.

- 36% of patients found it easy to get through to this practice by phone (compared to the 60% CCG average and 73% national average).
- 60% of patients were able to get an appointment to see or speak to someone the last time they tried (compared to the CCG average of 67% and national average of 76%).
- 54% of patients described the overall experience of this GP practice as good (compared to the 75% CCG average and 85% national average).
- 41% of patients said they would definitely or probably recommend this GP practice to someone who has just moved to the local area (compared to the CCG average of 68% and national average of 79%).

We saw evidence of how the practice had sought to improve patient satisfaction scores, for example by promoting on line services and by increasing the number of phone lines. We also noted that the practice had trained its health care assistants to process patient 'fit notes' requests by phone and that the in house pharmacist undertook medication reviews; both of which freed up GP and nurse appointment slots. The practice was working with its patient participation group to improve patient satisfaction scores.

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 which were all positive about the standard of care received; with key themes being that reception staff were compassionate and friendly; and that clinicians treated patients with dignity and respect.

However, 11 patients fed back concerns regarding timely access to an appointment and the practice's triage based appointments system. We noted that the 11 patients were positive about all other aspects of the care they received.

Friends and family test feedback from January 2016 –October 2016 highlighted that 111 (47%) of the 237 respondents would be 'extremely likely' or 'likely' to recommend the practice

Areas for improvement

Action the service SHOULD take to improve

- Continue to monitor national GP patient satisfaction scores on appointments access and on how clinicians' involve patients in decisions about their care.

Outstanding practice

The practice provided an in house Cognitive Behaviour Therapy (CBT) service led by a trained CBT nurse consultant. CBT is a psychological therapy which looks at how a patient thinks about a situation and how this affects the way they act or 'behave' which in turn will affect how they think and feel.

When we asked the practice for evidence of impact, we were shown patient records which highlighted benefits after relatively short courses of CBT. A patient who had undergone CBT spoke about how the therapy had improved their mental and physical well-being and when

Summary of findings

we discussed the service with a local consultant psychiatrist, they spoke positively about the practice's low referral rates when compared to other practices in the area and attributed this to the CBT service.

Wordsworth Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Wordsworth Health Centre

Wordsworth Health Centre is located in the London Borough of Newham in East London and is part of Newham Clinical Commissioning Group (CCG). CCGs are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.

Wordsworth Health Centre has a patient list of 10,300. Approximately 9% of patients are aged 65 or older (compared to the 17% national average) and approximately 24% are under 18 years old (compared to the 21% national average). Fifty three percent have a long standing health condition (compared to the 54% national average) and practice records indicated that approximately 2% of patients had carer responsibilities.

The services provided by the practice include child health care, ante and post natal care, immunisations, sexual health and contraception advice and management of long term conditions.

The staff team comprises three male partner GPs, two female salaried GPs, one long term female locum GP, four female practice nurses, one male CBT nurse consultant, a female pharmacist, two female health care assistants, a practice manager and a range of administrative staff.

The practice is open between 7.30am and 6.30pm Monday to Friday (except Thursday when it is open until 3.30pm). Appointment times are as follows:

- Monday, Tuesday, Wednesday and Friday: 8am to 6.30pm
- Thursday: 8am to 3.30pm

Extended hours surgeries are offered on Saturday mornings from 8am – 12pm with appointments available from 8.30am to 10.30am.

Outside of these times, cover is provided by an out of hours provider.

The practice operated a triage based appointments system, whereby patients phoning the practice for an appointment were initially phoned back by a GP so that a clinical decision could be made regarding the type of appointment offered.

Wordsworth Health Centre is a training practice. This means that each year, the practice provides clinical supervision to two or three final year trainee GPs. At the time of our inspection, two trainee GPs were working at the practice.

The practice is registered to provide the following regulated activities which we inspected: treatment of disease, disorder or injury, diagnostic and screening procedures, family planning, maternity and midwifery services.

Why we carried out this inspection

We inspected this location in August 2014 as part of our pilot inspection programme to ensure that the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. At that

inspection, we noted concerns related to safety including fire safety, medicines management, infection control and requirements relating to workers. The practice was not rated.

We re-inspected in June 2015 and noted that these issues had been addressed but noted new concerns regarding the safe storage of vaccines, appointments access and low patient satisfaction scores regarding how tests and treatments were explained and how patients were involvement in care and treatment decisions. The location was rated as requires improvement for providing safe, caring and responsive services and rated as requires improvement overall.

The inspection which took place on 24 November 2016 was a comprehensive, follow up inspection to assess whether sufficient improvements had been made such that the provider was 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

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 are provided for specific groups of people and what good care looks 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 24 November 2016. During our visit we spoke with a range of staff including GP partners, practice nurses, nurse consultant, health care assistant, practice manager, receptionist and also spoke with patients who used the service. We observed how people were being cared for and talked with carers and/or family members. We also reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Good

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.

Ten significant events had been recorded since February 2016 and minutes of meetings confirmed that these were discussed and that lessons were shared in order to maintain or improve safety in the practice. For example, in May 2016 a patient collapsed in reception after complaining of chest pains. Staff attached a portable electronic device called a defibrillator with the aim of delivering an electrical shock to restore the patient's normal heart rhythm. Although records showed that the defibrillator was eventually not used and that the patient made a full recovery, staff were initially unaware of how to activate the defibrillator and the absence of a pair of scissors also delayed attempts to cut through the patient's clothing.

We noted that the learning from this incident was to ensure that staff were trained in using the defibrillator and also that scissors were available. This was confirmed during various discussions with doctors, the practice manager, practice nurses and a receptionist.

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. For example:

- 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 and practice nurses to level 2.
- A notice in the waiting room advised patients that chaperones were available if required. Practice nurses and health care assistants acted as chaperones, were trained for the role and had received Disclosure and Barring Service (DBS) checks. These 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. One of the practice nurses 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.

When we inspected in May 2015, we identified concerns with the arrangements for safely managing and storing vaccines in that the practice was only recording actual vaccine fridge temperatures and not minimum and maximum fridge temperatures. Recording minimum and maximum fridge temperatures is important because most vaccines must be stored between 2-8°C at all times in order to ensure their effectiveness. Records also showed that on 2 June 2015, the fridge recorded a temperature of 11.5 °C but staff were unaware of the implications of the increased temperature and there was also confusion regarding which staff member had responsibility for taking the necessary corrective action. We asked the provider to take action.

Good

Are services safe?

At this inspection we noted that the arrangements for storing vaccines kept patients safe in that staff were recording minimum and maximum fridge temperatures. There was also a protocol in place for instances where the recorded temperature was outside the required range.

Processes were in place for handling repeat prescriptions which included the review of high risk medicines and the practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed the personnel files of two staff members who had started at the practice since our May 2015 inspection and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as Control of Substances Hazardous to Health (COSHH), infection control and Legionella (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 emergency medicines were readily accessible and available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

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 clinical audit.

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 (2015/16) were 99% of the total number of points available with 2% exception reporting.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was 100% (compared to the respective 90% and 85% local and national local averages. Exception reporting was 2%.
- Performance for mental health related indicators was 100% compared to the respective 93% and 87% local and national local averages. Exception reporting was 6%.
- Performance for COPD related indicators was 100% compared to the respective 96% and 92% local and national local averages. Exception reporting was 7%.
- Performance for hypertension related indicators was 100% compared to the respective 97% and 96% local and national local averages. Exception reporting was 2%.

There was evidence of quality improvement including clinical audit.

- There had been eight clinical audits completed since April 2015, all of which were completed audits where the improvements made were implemented and monitored.
- For example, in January 2016, the practice had undertaken an audit to identify gaps in documentation regarding the managing and monitoring of patients being prescribed anticoagulants (medicines that stop blood from clotting and which are often prescribed for patients at risk of stroke or heart attack). Patients taking anticoagulants have their dosage regularly monitored using the International Normalisation Ratio (INR). This measures how long it takes a patient's blood to clot. Accurate dosage is important to ensure that Warfarin is in an appropriate therapeutic range to minimise not only the risk of blood clots in veins but also to minimise the risk of bleeding.

  The first cycle of the audit highlighted that seven (18%) of the thirty nine patients being prescribed did not have their next monitoring date recorded. Following clinical discussion and recirculation of the practice's policy on anticoagulants, a June 2016 reaudit highlighted that the number of patients being prescribed anticoagulants who did not have their next monitoring date recorded had reduced to one patient out of twenty four eligible patients (4%).

Patients had good outcomes because they received effective care and treatment that met their needs. For example, the practice provided an in house Cognitive Behaviour Therapy (CBT) service led by a trained CBT nurse consultant. When we asked the practice for evidence of impact, we were shown redacted patient records which highlighted benefits after relatively short courses of CBT. A patient who had undergone CBT therapy told us about how the course of therapy had improved their mental and physical well-being.

When we discussed the service with a local consultant psychiatrist they spoke positively about the practice's low referral rates when compared with other local practices and attributed this to the CBT service. in addition, the practice's CBT nurse told us that after completion of therapy, patients continued to improve with the use of thinking and behavioural styles learnt from CBT.

On the day of our inspection, unverified practice information showed that mental health related indicators ranged from 67% to 100%. The practice projected that it would equal its 2015/16 100% achievement on mental health related indicators by the end of 2016/17.

Good

Are services effective?

(for example, treatment is effective)

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 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. Staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We noted that the practice was currently undertaking a medicines management audit to safeguard appropriate use of medicines after patients were discharged from hospital.

Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. For example. a consultant psychiatrist spoke positively about how these meetings allowed for discussion of complex cases and patient discharge matters.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and experiencing poor mental health.

The practice's uptake for the cervical screening programme was 83%, which was comparable 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 for those with a learning disability; and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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

Good

Are services effective?

(for example, treatment is effective)

immunisation rates for the vaccinations given to under two year olds ranged from 87% to 91% and five year olds from 76% to 96% compared to the respective CCG averages of 30% to 94% and 75% to 93%.

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.

Requires improvement

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.

All of the 34 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey showed that most patients felt they were treated with compassion, dignity and respect but the practice's performance was below average regarding satisfaction scores on consultations with GPs and nurses. For example:

- 80% 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%.
- 68% of patients said the GP was good at giving them enough time compared to the CCG average of 78% and the national average of 87%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.
- 71% 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%.
- 67% 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%.
- 66% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 87%.

None of the face to face or comment card feedback expressed concern about the care provided by practice nurses or about how patients were treated by reception staff. When we discussed the survey findings with the practice manager, they told us that reception staff had recently received customer care training and that additional staff had recently joined the nursing team.

We observed reception staff to be caring and compassionate. When we asked one of the receptionists how they ensured that patients with learning disabilities received equitable care, they stressed the importance of treating each patient as an individual.

Most patients expressed concern about phone access and about the practice's triage based appointments system (which required patients to call the practice and be called back by a GP and assessed before a clinical decision could be made as to whether a face to face appointment could be offered). We noted that this could have negatively affected patient satisfaction regarding the helpfulness of reception staff.

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 that most patients responded positively to questions about their involvement in planning and making decisions about their care and treatment although results were below local and national averages. For example:

Requires improvement

Are services caring?

- 79% 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%).
- 64% 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%).
- 66% 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:

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

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified approximately 2% of patients as carers. Written information was available to direct carers to the various avenues of support available to them and carers were routinely offered a referral to a local carer's network.

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.

Good

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 Newham Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered a weekday early morning 'Commuter's Clinic' for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and 'easy read' pictorial aids.
- 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.
- The practice had introduced a self-referral scheme for pregnant women.
- 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, a hearing loop and interpreting services available.
- The practice could accommodate gender specific GP consultation requests.
- The practice was involved in a research project called the CATAPULT trial which involved screening and treating for latent tuberculosis (TB). Newham has the highest level of TB in the country especially amongst young mobile service users.
- The reception team provided a social navigator service signposting patients to local third sector support agencies for asylum seekers, survivors of domestic violence and other vulnerable groups.
- The reception staffhad produced a set of images to support their communication with patients with a learning disability or those for whom English was not their first language.
- The local CCG had funded a social navigator service, which entailed training reception staff in signposting patients to local third sector support agencies for asylum seekers, survivors of domestic violence and other vulnerable groups.

The practice had identified that the local population experienced poor mental health and had responded by introducing a range of interventions such as its CBT project and an in house pharmacist.

Access to the service

The practice is open between 7.30am and 6.30pm Monday to Friday (except Thursday when it is open until 3.30pm). Appointment times are as follows:

- Monday, Tuesday, Wednesday and Friday 8am to 6.30pm
- Thursday 8am to 3.30pm

Extended hours surgeries are offered on Saturday mornings from 8am – 12pm with appointments available from 8.30am to 10.30am.

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

- 71% of patients were satisfied with the practice's opening hours (compared to the national average of 79 %).
- 36% of patients said they could get through easily to the practice by phone (compared to the national average of 73%).
- 41% of patients described their experience of making an appointment as poor (compared to the 18% (CCG) and 12% (national) averages).

Patient feedback we received on the day of our inspection strongly aligned with these views. However, the practice outlined how since our last inspection in June 2015 it had worked to improve phone access and ensure that people could access the right care at the right time. For example by:

- Increasing the number of phone lines from 6 to 12.
- Introducing a phone queuing system so that callers were aware how long it would take before their call was taken.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- Raising awareness about on line appointment booking and repeat prescription services, so as to reduce demand on phone lines.

Five of the nine patients with whom we spoke told us it was difficult to access the practice's triage based appointments system. The practice was also aware of low patient satisfaction in this area and could highlight actions being taken to improve appointments access such as:

- Providing training to allow HCAs to take phone calls regarding 'fit notes' and thus free up GP appointment slots.
- Providing training to enable receptionists to signpost patients to the local pharmacy or other services, thus freeing up GP and nurse appointment slots.
- Utilising the practice's in house pharmacist to undertake medication reviews, thus freeing up GP and nurse appointment slots.
- Producing on line and practice based patient information about the appointments system. For example highlighting that working patients could request a call back at a specific time as opposed to being offered call back 'windows' of 9am-1pm or 2pm-6pm.
- Enabling patients to self-monitor their conditions (for example by providing blood pressure machines and using tele-health patient monitoring services).
- Introduction of on-line booking up to four weeks in advance.

PPG minutes highlighted that the that meetings were attended by partner GPs and the practice manager; and that patients' views were routinely sought on how the appointments system could be improved. On the day of the inspection, PPG members spoke positively about patient engagement and told us they felt their group's contribution was valued.

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.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

Records showed that 21 complaints had been received since January 2016. We looked at a selection of complaints and found that these were dealt with in a timely and open manner. We saw evidence that lessons were learnt from individual concerns and complaints.

For example, following a complaint about a delay in a patient receiving their prescription, practice staff had investigated; identifying that the practice had electronically issued the prescription on time and that the delay was due to an error on the part of a local pharmacy. We noted that practice staff had met and that it was reiterated that pharmacies could bypass the practice phone system and call the practice mobile number direct with queries. This facility was also communicated to local pharmacies.

Are services well-led?

Outstanding ☆

(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 provide quality, patient centred, holistic and evidence based care.

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

Governance arrangements

The partner GPs and practice manager had introduced an effective governance framework which focused on the delivery of good quality care For example:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented, regularly reviewed and available to all staff. For example, we noted that since our last inspection, the practice had introduced policies for the safe storage of vaccines.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Practice management
- The practice's clinical governance meetings were aligned to the Care Quality Commission's key lines of enquiry.

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.

Clinical and non clinical staff spoke positively about how the partner GPs encouraged cooperative, supportive relationships among staff so that they felt respected, valued and supported.

Staff also told us that the partners and practice manager promoted an inclusive culture at the practice and that they always took the time to listen. Staff spoke positively about how GPs delivered effective clinical and managerial leadership which supported the delivery of good quality care.

We saw several examples of how the partners demonstrated the experience, capacity and capability to run the practice and of how they prioritised safe, high quality and compassionate care.

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. Partner GPs 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 they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- They said they felt respected, valued and supported, particularly by the GPs in the practice. All staff were involved in discussions about how to run and develop the practice, and the partner GPs encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Staff told us the partners were approachable and always took the time to listen.

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

- Records confirmed that the practice held regular team meetings.

Are services well-led?

Outstanding ☆

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

- 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. We noted team away days were held approximately every 12 months.

  Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, a receptionist spoke positively about how partner GPs had agreed to their suggestion to use a set of images to support how reception staff communicated with patients with a learning disability.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, at the group's suggestion, the practice had created a patient intranet area on its web site where PPG members could hold virtual meetings and network.
- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice which promoted the delivery of high quality person-centred care. For example:

The practice was involved in a research project called the CATAPULT trial which involves screening and treating for latent TB.

One of partner GPs was the local CCG GP lead for elderly service users and was developing a Quality Improvement Project to prevent and manage falls amongst the practice's older patients.

The practice provided an in house Cognitive Behaviour Therapy (CBT) service, led by a trained CBT nurse consultant. The CBT nurse told us that after completion of their therapy, patients continued to improve with the use of thinking and behavioural styles learnt from CBT. We noted that the nurse consultant had published several articles in this area.

The practice had also recently recruited an in house pharmacist to support medicines reviews and an in house social navigator team based in reception routinely signposted patients to local support agencies and networks.

The practice also hosted CCG locality meetings where CCG performance, patient safety alerts and other matters were discussed.