

# Upton Lane Medical Centre

## Quality Report

75-77 Upton Lane

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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

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



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 Upton Lane Medical Centre on 21 November 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed however we identified risks to the safe care and treatment of patients due to high levels of exception reporting for certain conditions.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients we spoke with said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their

treatment. However this was not reflected by the results of the GP patient survey, the results of which were significantly below local and/or national averages.

- 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 we spoke with said they found it easy to make an appointment with a named GP, however this was not reflected by results of the GP patient survey. There was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

# Summary of findings

- Review its levels of and processes for exception reporting and take all necessary steps to improve outcomes for patients.

The areas where the provider should make improvement are:

- Continue to seek and act on feedback from patients on the services provided for the purposes of improving patient satisfaction with the quality of service provided.

- Put measures in place to encourage patients who are carers to identify themselves.
- Flag patients who are carers on the patient database to ensure staff take their particular needs into account.

**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.
- 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?

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

Requires improvement



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. However,
- 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?

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

Requires improvement



- Data from the national GP patient survey showed patients rated the practice below others for several aspects of care. There was some evidence of improvement since the employment of a new practice manager, however the measures put in place to address patient dissatisfaction were yet to establish.

# Summary of findings

- Patients we spoke with said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

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

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice was in the process of implementing an initiative whereby representatives of various faith groups would support patients to access local healthcare services.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

**Requires improvement**



## 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.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

**Good**



# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# 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 requires improvement for the care of older people. The provider was rated as requires improvement for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Medicines could be delivered to patient's homes if required.
- Flu vaccines could be administered at patient's homes.
- Patients at risk of unplanned admission to hospital were regularly reviewed at multidisciplinary team meetings.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as requires improvement for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.

- Performance for diabetes related indicators was 83%. This was in line with the CCG average of 85% and the national average of 90%.
- The practice offered insulin initiation which was done by the advanced nurse practitioner
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Patients at risk of long term conditions such as diabetes were monitored regularly by the healthcare assistant (HCA) who was trained in diabetes management.

**Requires improvement**



# Summary of findings

## Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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 in line with local averages for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Pregnant women were prioritised for same day appointments.
- The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 81% and the national average of 82% (01/04/2014 to 31/03/2015).
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- A range of contraceptive services were available, including contraception injections.
- Telephone appointments were available.

Requires improvement



## Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider was rated as requires improvement for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services including appointment booking and repeat prescriptions as well as a full range of health promotion and screening that reflects the needs for this age group.
- Late appointments were available from 6.30pm to 7.30pm for patients unable to attend during regular opening hours.

Requires improvement





# Summary of findings

- Annual NHS health checks were offered in line with national guidelines.

## People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

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

Requires improvement



## People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

The practice is rated as good for the care of 79% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the CCG average of 81% and the national average of 84%.

- Quality and Outcomes Framework (QOF) performance in 2015/16 for mental health related indicators was 100% which was in line with the CCG average of 87% and the national average of 93%. However, there were relatively high levels of exception reporting for conditions such as dementia and depression.

Requires improvement



## 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.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- A community psychiatric nurse attended the practice once a month to see patients.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing below local and national averages. 371 survey forms were distributed and 89 were returned. This represented less than 1% of the practice's patient list.

- 26% of patients found it easy to get through to this practice by phone compared to the CCG average of 60% and the national average of 73%.
- 51% 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 76% and the national average of 76%.
- 46% of patients described the overall experience of this GP practice as good compared to the CCG average of 75% and the national average of 85%.
- 45% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 66% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards most of which were positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients commented about marked improvements in all aspects of the practice over recent months. A few patients referred to difficulties getting appointments at suitable times, particularly for working patients.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Results of the most recent friends and families test showed 7% of respondents would recommend this practice.

# Upton Lane Medical 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 and a second CQC inspector.

## Background to Upton Lane Medical Centre

Upton Lane Medical Centre is a GP practice in the London Borough of Newham, to the east of London. The practice is part of the London Borough of Newham Clinical Commissioning Group (CCG) and provides primary medical services through a Personal Medical Services (PMS) contract with NHS England to around 8000 patients.

The practice is housed within a modern, purpose built building situated on a high street. The practice is surrounded by local businesses, shops and residential homes. The building is owned and managed by NHS property services. The practice is easily accessible by public transport. It does not have a designated car park and parking on surrounding streets is generally for permit holders only. However there are public car parks within walking distance of the practice.

The practice has an ethnically diverse patient population, predominantly Asian (70%), Black (20%) and White (10%). The practice's age distribution data shows a higher than average number of patients aged zero to 39 years. At 77 years for men and 82 years for females the average life expectancy in the locality is in line with CCG average and slightly below the national average. The practice locality is in the 3rd more deprived decile out of 10 on the deprivation scale. Newham residents have lower life

expectancy and higher rates of premature mortality than other borough in London. The main causes of death in Newham are cardiovascular disease, cancer and respiratory disease and the levels of diabetes are among the highest in the country. Newham is the third most deprived local authority area in England.

Clinical services are provided by two GP partners (both male, 12 sessions in total), one salaried GP (female, 8 sessions) and three long term locums GPs (8 sessions in total). There is also a clinical pharmacist (part time, two and a half days), an FY2 (trainee GP), an advanced nurse practitioner and two practice nurses (all part time) and two healthcare assistants (HCA) (one full time, one part time). Non clinical roles are fulfilled by a full time practice manager, two assistant practice managers and ten administrative/receptionist staff.

The practice is open from 8am to 7.30pm Monday to Friday, except Thursday when it closes at 6.30pm. Surgery times vary by clinician but are generally from 9.30am to 12.30pm and then 3.30pm or 4pm to 7.30pm daily, except Thursday when there are no afternoon clinics. Appointments with the nurse are available from 8 or 8.30am. Extended hours are from 6.30pm to 7.30pm every day except Thursday. Outside of these hours services are provided by the practice's out of hours provider who is contactable on a designated number.

The practice is registered to carry out the following regulated activities: family planning, treatment of disease, disorder or injury, diagnostic and screening procedures, surgical procedures and maternity and midwifery services from 75-77 Upton Lane, London, E7 9PB.

Upton Lane Medical Centre was not inspected under the previous inspection regime.

# Detailed findings

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 21 November 2016.

During our visit we:

- Spoke with a range of staff including GPs, nurses and non-clinical 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.
- We saw that significant events were routinely discussed at staff meetings. The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. An example related to an incident where a patient had become violent and abusive following staff advising them they would need to be seen by a GP before they could be issued with a further prescription for an acute medicine. Following the incident an investigation took place, the patient was contacted and advised accordingly and staff were given training which covered dealing with aggressive patients and steps to take to prevent such incidents escalating (use of panic buttons, calling police). It was also emphasised to reception/administrative staff that if a patient required a review before a prescription could be issued, they should contact the patient to arrange the appointment and record this in the patient's records.

### 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. The practice maintained a list of vulnerable adults and children on the child protection register. There was an alert on these patients' records. 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 and nurses were trained to child protection or child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the lead GPs 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. The most recent was undertaken in September 2016 and we saw evidence that action was taken to address any improvements required as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Patients were contacted if they failed to collect their prescription. This was also recorded in patient's notes and the prescriber was informed. The

## Are services safe?

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. On being delivered at the practice serial numbers were logged prior to the forms being stored in a locked cupboard. Each prescriber was allocated a specific box of prescription forms. When not in use the forms were locked in their drawers or in a locked drawer in reception.
- One of the nurses had qualified as an Advanced Nurse Practitioner (ANP) and could therefore prescribe medicines for specific clinical conditions. She received mentorship and 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. (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. (A PSD is the traditional written instruction, signed by a prescriber for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis).
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The last health and safety audit had been conducted in July 2016 and the identified action had been completed. The practice had a daily safety checklist which listed the various checks staff carried

out every morning. The practice had up to date fire risk assessments and carried out regular fire drills. The most recent fire drill had been carried out in November 2016 and we saw the record of this. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. All electrical appliances had last been checked in April 2016. All appliances had passed.

Equipment had been checked in May 2016 to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The most recent Legionella test had taken place in June 2016 and none had been detected.

- 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. We saw the staff calendar which was used to plan staffing levels required. We were told only one member of staff was permitted to take leave at a time. Staff leave or unplanned absences were covered by existing staff.

### 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. Each consulting room had an anaphylaxis kit and another was kept in reception.

## 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. The practice had a reciprocal agreement with another practice to share premises should theirs become unfit for use.



# Are services effective?

(for example, treatment is effective)

## Our findings

### 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. We saw evidence that updates were shared with all relevant staff how signed them to confirm they had read them and taken any necessary action.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

#### Management, monitoring and improving outcomes for people

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

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

- At 83% performance for diabetes related indicators was similar to the CCG average of 85% and the national average of 90%.
- At 100% performance for mental health related indicators was similar to the CCG average of 88% and the national average of 93%. However data showed 19% of patients with mental health conditions had been exception reported.

We also found relatively high levels of exception reporting for dementia 12%, depression (11%), cancer (27%) and rheumatoid arthritis (12%). We were told that these levels of exception reporting could be due to patients failing to attend for their reviews and also due to the loss of a member of the clinical team, for example, the GP who had responsibility for depression. Following the inspection the practice informed us they had reviewed their processes for calling/recalling patients for regular reviews, including attempting contact three times by telephone and sending invitation letters by recorded delivery if all other attempts had failed. All contacts/attempts at contact would be recorded in the patient's records. This will be subject to further review.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. One example of an audit related to the use of a specific type of antibiotic at the practice. The aim of the audit was to reduce inappropriate and total prescribing of this anti-biotic. Practice performance was measured against local and national standards. A retrospective search of all patients issued the specific antibiotic between July 2015 and September 2015 was conducted. A sample of these were reviewed to determine whether the prescribed antibiotic was in line with guidelines. Results showed out of 13 patients sampled only 15% had been prescribed the antibiotic in line with the local guidelines. Results were reviewed and interventions were agreed. A re-audit took place in March 2016. Results showed overall compliance with local antimicrobial guidance had improved from 15% to 70%.

Information about patients' outcomes was used to make improvements. For example, following the publishing of new guidelines about the improved effectiveness of high intensity statins compared to a standard ones, the practice audited their use of high intensity statins against the new guidance in order to review their performance. As a result the practice was able to increase its use of high intensity statins and to meet the set target.

# 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 practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions, administering immunisations and carrying out cervical smear tests.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. The practice shared information with community support services such as mental health teams, community matrons, palliative care teams, care navigators and rapid response teams.

### 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.

### 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 and smoking and alcohol cessation. Patients were signposted to the relevant service.
- Weight management advice was offered by the nurses and healthcare assistant (HCA). They were able to refer patients to local gyms where appropriate. The practice also informed patients about local initiatives set up to improve and increase levels of activity such as Newham's "Million Miles" programme.
- Care plans for patients receiving end of life care were shared with out of hours providers to ensure their wishes were followed. GPs regularly visited these patients to ensure care plans were up to date.

# Are services effective?

(for example, treatment is effective)

- Patients were offered basic advice about smoking cessation. They were referred to the local pharmacies for more detailed support.
- Patients at risk of long term conditions such as diabetes were monitored regularly by the healthcare assistant (HCA) who was trained in diabetes management.
- Advice about alcohol and drug misuse was offered and patients were referred as necessary. The practice was able to provide treatment on prescription for patients with drug abuse issues.

The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 81% and the national average of 82% (01/04/2014 to 31/03/2015). There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national

screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 23% to 96% (CCG average 24% to 94%, national average 73% to 95%) and five year olds from 76% to 99% (CCG average 75% to 95%, national average 81% to 95%).

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

Most of the 30 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. Patients commented about marked improvements in all aspects of the practice over recent months. A few patients referred to difficulties getting appointments at suitable times, particularly for working patients.

We spoke with three members of the patient participation group (PPG). They also told us there had been real concerns about the performance of the practice in the past but things had and continued to improve under the new practice manager. They said they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients did not always feel they were treated with compassion, dignity and respect. The practice was around or below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 65% 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%.

- 62% of patients said the GP gave them enough time compared to the CCG average of 78% and the national average of 87%.
- 88% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 95%.
- 52% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 77% and the national average of 85%.
- 74% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 91%.
- 61% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 87%.

We raised the issue of the below average survey results with the practice manager. The practice manager had only been in post for four months prior to our inspection. They described measures that had since been put in place to improve the performance of the practice and told us these had begun to take effect. This was supported by feedback we received in comments cards completed by patients just prior to and on the day of the inspection and from patients we spoke with on the day of the inspection. Examples of these improvements included improving the uptake of online services and telephone appointments by those who chose to use those methods which in turn improved opportunities for face to face contact for those patients who preferred that. The seats in reception had also been recently changed and rather than closing the practice in between the morning and afternoon clinics, they now remained open for patients to make enquiries, appointments etc.

The practice was not initially aware of the results of the GP patient survey, however they had carried out their own patient survey in July 2016. The results showed most patients were satisfied with the service they received (77%), however areas of dissatisfaction remained around getting appointments, the telephone service and the service patient's received from staff. As a result a number of measures were put in place to address these concerns including an ongoing review of the appointment system to see if waiting time could be reduced, introducing a protocol for the answering of telephones and continuous

# Are services caring?

staff training and development around customer care. Staff were also encouraged to regularly reflect on their own individual performance. We saw plans were in place to repeat the survey to see if there had been any improvement.

## 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 not always positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients were not wholly positive about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 65% 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%.
- 51% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75% and the national average of 82%.
- 68% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 85%.

We drew the practice's attention to these survey results. Whilst they were not initially aware of the results of this survey, they were aware, through their own internal survey that there had been some patient dissatisfaction in these areas. They aimed to address these through the action plan put in place following their own patient survey. The practice was aware that patient preference for specific GPs could be difficult to meet as some were locums. They were

trying to recruit more permanent GPs. We were told the practice would review the results of the GP patient survey as well as their own survey in future to ensure patient's concerns were addressed as far as possible.

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

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

## Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 28 patients as carers (less than 1% of the practice list). We were told the practice was trying to encourage patients who were carers to identify themselves. We saw information in the practice leaflet and on the practice's website. The practice had a carer's champion who was responsible for ensuring carer's were identified on the patient database. Carer's were invited to receive the flu vaccine and were informed about services to advise them about issues such as stress management. Carer's needs were discussed at practice meetings. Written information was available to direct carers to the various avenues of support available to them. Carer's were not automatically flagged on the patient database. The practice manager said they would do so in future.

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



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice was aware of a particular section of the community who were difficult to engage with in terms of their health care needs. It had been noted that these patients seemed to be more comfortable sharing with a religious leader rather than a health care professional. As such, the practice had engaged with local religious leaders as well as the CCG and NHS England to identify individuals within the relevant faiths who could act as advocates between patients and healthcare providers. These appointments would be subject to the necessary background and suitability checks and would be on a voluntary basis. We saw that plans for this programme were underway at the time of our inspection.

- The practice offered extended hours from 6.30pm to 7.30pm every day except Thursday for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children, the elderly, pregnant women and those patients with medical problems that required a same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had a digital screen which was used to call the next patient to be seen as well as to provide health and practice information.
- The reception desk had a lower section to support access for patients who used wheelchairs.
- A community psychiatric nurse attended the practice once a month to see patients.
- The practice offered insulin initiation which was done by the Advanced Nurse Practitioner.

- The practice offered cryotherapy for the removal of warts, in-house electrocardiogram (ECG), joint injections, acupuncture and automatic blood pressure monitoring.

### Access to the service

The practice was open between 8am and 7.30pm every weekday, except Thursday when it closed at 6.30pm. Surgery times varied by clinician but were generally from 9.30am to 12.30pm and then 3.30pm or 4pm to 7.30pm daily, except Thursday when there were no afternoon clinics. Appointments with the nurse were available at 8 or 8.30am. Extended hours appointments were available from 6.30pm to 7.30pm every day except Thursday. In addition to pre-bookable appointments that could be booked up to one week in advance (up to four weeks online), urgent appointments were also available for people that needed them.

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

- 63% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.
- 26% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and the national average of 73%.
- 51% 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 76% and the national average of 76%.

The practice was not initially aware of the results of the GP patient survey, however they had carried out their own audit of appointment usage in April/May 2016. The results showed 37% of emergency appointments were deemed inappropriate as they were used for routine problems, rather than emergencies. A re-audit was carried out in November 2016 which showed improvements following the implementation of an action plan. Future recommendations included further patient education including promotion of the 111 system and to initiate a more effective triage system, possibly operated by clinicians. We were told this would remain under review. The appointment system had also been changed so that routine appointments could only be booked up to a week

# Are services responsive to people's needs?

(for example, to feedback?)

in advance. This was due to a high number of wasted appointments due to patients failing to attend. People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had also installed a new telephone service which included a queuing system and a text reminder service for patients. The practice was also able to run reports showing the number of calls that were answered/abandoned over a set period.

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.

Patients were asked to contact the practice by 10am to request a home visit. GPs contacted the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## **Listening and learning from concerns and complaints**

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

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

We looked at three complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way, with openness and transparency. 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. One example was a complaint by a patient who had difficulty getting through to the practice and making an appointment with their choice of GP. An investigation was carried out and the patient was invited for a meeting at the practice. The patient was offered other options for obtaining an appointment such as online booking. Staff training around online booking and customer service was re-emphasised. This complaint was discussed at a staff meeting. Learning was shared with all staff.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed on the practice notice board. 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.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- An understanding of the performance of the practice was maintained, however this did not include an awareness of the results of the National GP Patient Survey or action to address higher than average levels of exception reporting for some conditions.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Educational speakers attended the practice monthly to deliver presentations on various topics. Patients could also be brought in to be seen by the consultant if required.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### 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 practice manager was part of the educational section within the Clinical Commissioning Group (CCG) and was also a practice manager representative for the local medical committee (LMC).

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings. Clinical and staff meetings were held monthly. Whole practice meetings took place once a quarter.
- 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 were encouraged to be involved with the running of the practice by rotating the chair of the practice meetings so that each member of staff had the opportunity to set the agenda for discussion.
- The practice team regularly celebrated important occasions such as birthdays and Christmas together.
- 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. All staff were involved in reviews of the practice's performance and each staff member was made aware of how their individual role contributed to the overall success of the practice.



# Are services well-led?

Good 

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

## 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 and submitted proposals for improvements to the practice management team. For example, the PPG had suggested putting up a board in reception which could be used to inform patients of late running appointments. We saw this was now in place.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, one of the non-clinical staff

had devised the system for logging prescription pads in order to ensure they were accounted for and stored safely. 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. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice manager was involved in a quality improvement programme for general practice. This had been initiated by the local CCG and the practice had volunteered to take part. We saw the training materials for this scheme provided by the CCG training section and were told under this scheme the CCG would attend the practice, review their structure and monitor how they were working. They would also offer suggestions for any area of improvement that were identified.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment.
Maternity and midwifery services	<b>How the regulation was not being met:</b>
Surgical procedures	The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users by failing to:
Treatment of disease, disorder or injury	<ul style="list-style-type: none"><li>• Ensure patients with long term conditions such as dementia, depression, mental health conditions, cancer and rheumatoid arthritis received appropriate care and treatment by taking all reasonable steps to ensure these patients were effectively identified and reviewed.</li></ul>
	This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.