

St Luke's

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at St. Luke's Practice on 9 February 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 and well managed, with the exception of those relating to health and safety.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

- Implement systems and processes to monitor and mitigate risks for example health and safety, including risks such Legionella and COSHH.

Summary of findings

In addition the provider should:

- Ensure patients are aware of chaperoning and translation services should they require these services.
- Keep a record of premises and medical equipment cleaning schedules.
- Implement regular checks to ensure emergency equipment is consistently fit for use.

- Ensure induction covers topics such as safeguarding, infection prevention and control, and confidentiality.
- Implement a suitable system for checking the safety of refrigerated medicines including their expiry date.

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 requires improvement 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.
- Not all systems and processes were fully in place to keep patients safe. For example, there was no health and safety risk assessment and other related risk assessments or checks such as fire safety, Legionella; and premises and medical equipment cleaning had not been undertaken.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Current data collected by the practice for the Quality and Outcomes Framework showed patient outcomes were on target to reach the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Patient outcomes were in line with CCG and national averages and the practice had carried out clinical audits and some re-audit to improve patient outcomes.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was a system of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



Summary of findings

- 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 good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- 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.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients. For example, it changed its appointments system following a patient complaint.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver 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; however not all safety risks were managed.
- The performance of the practice was in line with CCG and national averages; the practice had carried out clinical audits and limited re-audits to improve patient outcomes.
- 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

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice held quarterly multidisciplinary team meetings with the district nursing and palliative care teams to discuss frail older people and those at the end of life.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



People with long term conditions

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.

- 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.

St. Luke's practice provided data for the first ten months of the current year. We have used the previous end of year Clinical Commissioning Group (CCG) and national averages to provide a comparison to show whether the practice is on track:

- The percentage of patients with diabetes, on the register, with a record of a foot examination and risk classification was currently 89% compared to the 2014/2015 CCG average of 90%, and the 2014/2015 national average of 88%
- The percentage of patients with hypertension having regular blood pressure tests was currently 90% compared to the 2014/2015 CCG average of 84%, and the 2014/2015 national average of 84%

Good



Families, children and young people

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

Good



Summary of findings

- 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.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was currently 82% compared to the full year 2014/2015 results CCG average of 81% and the national average of 82%.
- A few appointments were available outside of school hours and the premises were suitable for children and babies.
- The percentage of patients with asthma, on the register, who had had an asthma review in the preceding 10 months was 64%, compared to the full 2014/2015 12 month CCG average of 78%, and national average of 75%. However, there were still two months reporting data for the remainder of the year and the practice was on track to be comparable with both CCG and national averages.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice had access to pre- bookable appointments as well as ordering repeat prescriptions online.
- The practice had an electronic prescribing system which allows online ordering and collection of prescriptions directly from the chemist.
- The practice addressed low grade mental health problems with the younger working age group working long hours in stressful environments by actively encouraging and sign-posting to consider web-based mental health and local Improving Access to Psychological Therapies (IAPT) services as an alternative to anti-depressant medication.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including people with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- Twenty four out of 48 patients with a learning disability which is 50% had had an annual health care check. However, the practice had plans to improve in this area during the remaining two months of the reporting year.
- 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.
- Staff had been engaged with training in Domestic Violence and Female Genital Mutilation (FGM) and had proactively assisted affected patients as a result.

People experiencing poor mental health (including people with dementia)

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

Good



- Performance for patients on the mental health register (105 patients) that had currently been reviewed was 91% compared to the 2014/2015 CCG average of 84%, and the 2014/2015 national average of 88%
- 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.

Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. Thirteen of the 14 patient Care Quality Commission comment cards we received were positive about the service experienced, one patient expressed dissatisfaction with delayed appointments. 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 5 patients during the inspection. All the patients we spoke with said they were happy with the care they received and thought staff were approachable, committed and caring.

There was no GP patient survey data or NHS friends and family test results this individual practice because it had undertaken the survey collectively as part of the Lantern health Group CIC; however, the results for the group as a whole were generally positive.

Areas for improvement

Action the service **MUST** take to improve

- Implement systems and processes to monitor and mitigate risks for example health and safety, including risks such Legionella and COSHH.

Action the service **SHOULD** take to improve

- Ensure patients are aware of chaperoning and translation services should they require these services.

- Keep a record of premises and medical equipment cleaning schedules.
- Implement regular checks to ensure emergency equipment is consistently fit for use.
- Ensure induction covers topics such as safeguarding, infection prevention and control, and confidentiality.
- Implement a suitable system for checking the safety of refrigerated medicines including their expiry date.

St Luke's

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 St Luke's

St. Luke's practice is within the NHS Newham Clinical Commissioning Group (CCG) and is run by Lantern Health community interest company (CIC). A CIC is a new type of company introduced by the United Kingdom government in 2005, designed for social enterprises that want to use their profits and assets for the public good.

The practice provides services to approximately 2,000 patients under an Alternative Provider Medical Services (APMS) contract. APMS contracts are provided under Directions of the Secretary of State for Health and provide the opportunity for locally negotiated contracts and allow Primary Care Organisations (PCOs) to contract with non-NHS bodies, such as voluntary or commercial sector providers. In addition to St. Luke's Practice, Lantern Health CIC operates two other practices for the CCG.

St. Luke's practice is fully accessible and is situated in St. Luke's converted church building in Canning Town, alongside a number of other charities and a café; it shares its reception area with another GP practice located in the same building. The nearest DLR station is Royal Victoria and nearest underground station is Canning Town (Jubilee Line).

The practice provides a full range of enhanced services including NHS Health Checks and child immunisations. It is

registered with the Care Quality Commission to carry on the regulated activities of Maternity and midwifery services, Family planning services, Treatment of disease, disorder or injury, and Diagnostic and screening procedures.

The staff team at the practice are managed and supported by the Lantern Health CIC leadership team and include one salaried female GP working five sessions per week, one long term male locum GP working five sessions per week, two practice nurses (one male and one female each working one full day per week), a full time female health care assistant working six hours per week, a full time practice manager working thirty two hours over four days per week, and a team of reception and administrative staff all working a mixture of part time hours.

The practice is open from 8.00am to 6.00pm each weekday except Thursday when they close at 1.00pm. Appointments are from 9.00am to 12.00pm and 3.30pm to 5.30pm every Monday and Friday, from 9.30am to 11.30 and 3.00pm to 5.30pm every Tuesday, from 8.00am to 11.30am and 3.00pm to 5.30pm every Wednesday, and from 9.00am to 11.30am every Thursday. Appointments also occur between morning and afternoon surgery and include home visits, telephone consultations and urgent appointments for patients who need them. Appointments can be booked 4 weeks in advance including online. The practice has opted out of providing an out-of-hours service but offers an extended hours clinic everyweekday until 9.30pm and from 9am until 12.30pm on Saturdays through a network of local practices. Patients telephoning when the practice is closed are transferred automatically to the local out-of-hours service provider.

The practice had opted out of providing an out-of-hours service but offered an extended hours clinic everyweekday

Detailed findings

until 9.30pm and from 9am until 12.30pm on Saturdays through a network of local practices. Patients telephoning when the practice is closed are transferred automatically to the local out-of-hours service provider.

Lantern Health CIC reports amalgamated clinical and patient survey data for 12,000 patients across all three of the practices within the group. The data within this report relates specifically to St. Luke's practice 2,000 patients and comes from checks we made with the practice at the time of inspection. The practice serves a diverse and relatively young population. Seventy per cent of residents are from black and ethnic minority communities and 59% per cent are aged between 15 and 44 years old.

The practice was inspected on 8 January 2014 under the previous regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission Registration) Regulations 2009 and was found to be fully compliant.

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.

This provider had not been inspected previously under the Health and Social Care Act 2008 (Regulated Activities) Regulations 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 9 February 2016.

During our visit we:

- Spoke with a range of staff (GP partner, salaried GP, practice nurse, operations manager, and administrative and reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a permanently employed GP had checked a patient's record following consultation with a locum GP and spotted that the patient had not received an adequate examination or been referred to an appropriate specialist. The practice contacted the patient and made an appropriate referral for them. The practice also investigated the incident as a significant event and invited the patient to come in for a further discussion.

Overview of safety systems and processes

The practice generally had clearly defined and embedded systems, and processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended

safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. We saw evidence of two occasions where GPs and nurses proactively identified cases of domestic violence, and of FGM (female genital mutilation), including for children. Staff had supported patients compassionately, made appropriate referrals and followed the cases through with regular follow up consultations. GPs were trained to child safeguarding level 3 and nurses were trained to level 2.

- There was no notice in the waiting room to advise patients that chaperones were available if required; however, notices were displayed in consultation rooms and patient records showed that chaperones were routinely offered to both male and female patients by both male and female clinical staff for intimate examinations. 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 and we observed the premises to be clean and tidy. There were no cleaning schedules to evidence the practice had been regularly cleaned; however patients we spoke to told us that the practice was always clean. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken, the last being in September 2015 and we saw evidence that action was taken to address any improvements identified as a result, for example it had identified staff needing infection control training which had been delivered. The practice had also implemented best practice "how to" cleaning guidelines for the ear irrigator and spirometer. Staff told us cleaning was carried out and showed us the trigger system for equipment cleaning after each use; however, there were no documented records to confirm medical equipment cleaning had taken place.

Are services safe?

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice generally kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Refrigerated vaccines were mostly in date; however, we found several damp boxes where moisture had made the use by date unreadable. We discussed this with the practice and they took immediate action to separate and dispose of affected vaccines. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants did not administer vaccines or other medicines therefore patient specific prescription or direction from a prescriber were not required.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were generally assessed and well managed.

- Not all required procedures were in place for monitoring and managing risks to patient and staff safety. There was no evidence the practice undertaken a fire risk assessment; however, regular fire alarm testing and drills had been carried out and there was a nominated lead for fire safety who was a trained fire marshal. All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. The practice told us that a variety of other risk assessments had been undertaken by the

landlord to monitor safety of the premises but had not been able to obtain a copy of relevant documentation from the landlord; there was no evidence of a health and safety or Legionella risk assessment or associated water testing (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) or control of substances hazardous to health. After inspection the practice sent us evidence of a premises fire risk assessment dated 05 February 2016 which was undertaken by its own staff. 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, and a panic button connected to the police; however there was no protocol in place to advise staff of what system to use and under which circumstances.
- 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. Both were in good working order; however, regular checks to ensure the defibrillator and oxygen remained fit for use had not been undertaken. 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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, 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 practice reports its amalgamated data as part of Lantern Health CIC together with the two other practices within the group; therefore no published QOF was available.

St. Luke's practice provided data for the first ten months of the current year. We have used the previous end of year CCG and national averages to provide a comparison to show whether the practice is on track.

At the time of inspection there were almost two full months of the current reporting year remaining, and data showed:

- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less was currently 72% compared to the 2014/2015 CCG average of 73%, and the 2014/2015 national average of 78%
- The percentage of patients with diabetes, on the register, with a record of a foot examination and risk classification was currently 89% compared to the 2014/2015 CCG average of 90%, and the 2014/2015 national average of 88%
- The percentage of patients with hypertension having regular blood pressure tests was currently 90% compared to the 2014/2015 CCG average of 84%, and the 2014/2015 national average of 84%

- Performance for patients on the mental health register (105 patients) that had currently been reviewed was 91%. As a comparator, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan in the preceding 12 months during 2014/2015 was on average 84% in the CCG, and 88% nationally.

Clinical audit demonstrated quality improvement.

- There had been four clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored and findings used by the practice to improve services. For example, following a recent two cycle audit, action taken as a result included improvements in treatment and management of psychosis and schizophrenia in adults in line with best practice guidelines.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research and improved their service as a result. For example, the practice had set up internal reminders for nominated GPs to follow up test results and call patients to encourage attendance for follow up.

Effective staffing

Staff generally 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 office arrangements, and fire safety but did not cover such topics as safeguarding, infection prevention and control, or confidentiality; however, staff had been appropriately trained in these areas soon after being employed at the practice.
- 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 and administering patients' vaccinations.
- 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 provider meetings.

Are services effective?

(for example, treatment is effective)

- 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 except those who were still on probation.
- 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 quarterly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was currently 82% compared to the full year 2014/2015 results 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 ensuring 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.

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.

Thirteen of the 14 patient Care Quality Commission comment cards we received were positive about the service experienced, one patient expressed dissatisfaction with delayed appointments. 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 a member 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.

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 for example for patients with learning disabilities and mental health problems.

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; however there was no notice 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 32 patients as carers (2% of the practice list). It offered referral to London Borough of Newham Social Services for Carers' Assessments and, where appropriate, advice on applying for Disabled Parking Permits. Written information was available to direct carers to the various avenues of support available to them, for example websites for the Newham Adult Social Care Team and Carers Trust.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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 at provider level as part of Lantern Health CIC. For example, it had identified a relatively high risk of both FGM and domestic violence in the borough and ensured clinicians attended specialist FGM training and included questions on domestic violence on its antenatal referral form. The practice had also signed up to a local initiative to identify wider TB screening in response to increased rates of TB diagnosis in the borough.

- The practice was not currently offering extended hours clinics for working patients who could not attend during normal opening hours but offered an extended hours clinic every weekday until 9.30pm and from 9am until 12.30pm on Saturdays through a hub network of local practices for working patients who could not attend during normal opening hours. Patients telephoning when the practice was closed were transferred to the local out-of-hours service provider.
- 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 and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities and translation services available.
- Although there was no hearing loop, we saw evidence that British Sign Languages (BSL) services were available for patients through the translation service.
- Baby changing facilities were available.
- The practice provided follow up appointments for patients that had been discharged from hospital.
- The practice worked with the local mental health team, attended multidisciplinary meetings and sign posted patients to organisations for further support.

Access to the service

The practice was open from 8.00am to 6.00pm each weekday except Thursday when they closed at 1.00pm. Appointments were from 9.00am to 12.00pm and 3.30pm to 5.30pm every Monday and Friday, from 9.30am to 11.30 and 3.00pm to 5.30pm every Tuesday, from 8.00am to 11.30am and 3.00pm to 5.30pm every Wednesday, and from 9.00am to 11.30am every Thursday. Appointments also occurred between morning and afternoon surgery and included home visits, telephone consultations and urgent appointments for patients who needed them. Appointments could be booked 4 weeks in advance including online. The practice had opted out of providing an out-of-hours service but offered an extended hours clinic every weekday until 9.30pm and from 9am until 12.30pm on Saturdays through a network of local practices. Patients telephoning when the practice is closed are transferred automatically to the local out-of-hours service provider.

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

Listening and learning from concerns and complaints

The practice had 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. For example, complaints procedure information leaflets and complaints forms were available at the reception desk.

We looked at three complaints received in the last 12 months and found these were dealt with satisfactorily in a timely way and with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a patient who had complained about appointments was given an immediate appointment, an apology and a full explanation. The practice used the learning from the complaint to revise its appointments system to prevent future recurrence.

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 did not have a mission statement, but staff knew and understood the practice vision and values through attending regular staff meetings.
- 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.
- The performance of the practice was in line with CCG and national averages and a comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not always robust.

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. Since 2013 the Lantern Hhealth CIC leadership team had brought 3 struggling practices together and delivered a new building to move one of the sites in 2015, and recruited several staff including GP s, a nurse, a health care assistant and leadership staff. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted regular team get togethers were held.
- 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.

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, patients said they wanted appointments on their preferred day with a GP of their choice; the practice responded by making one third of its appointments pre bookable and ensuring employment of two regular GPs, one male and one female.

Are services well-led?

Good 

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

- The practice had gathered feedback from staff through monthly whole team practice meetings, appraisals, staff get togethers and generally through day to day discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person had not ensured that care and treatment was provided in a safe way.</p> <p>Risks to the health and safety of service had not been fully assessed so that appropriate action could be taken to mitigate such risks.</p> <p>This was in breach of regulation 12(1)(2)(a)(b) and (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>