

Abbey Road Medical Practice

Quality Report

Abbey Road Medical Practice
28a Abbey Road
Stratford
London
E15 3LT

Tel: 020 8534 2515

Website: www.nhs.uk/abbeyroadmedicalpractice

Date of inspection visit: 17 August 2016

Date of publication: 27/03/2017

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	6
What people who use the service say	10

Detailed findings from this inspection

Our inspection team	11
Background to Abbey Road Medical Practice	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Abbey Road Medical practice on 17 August 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand, however, the practice did not have its own website.

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

The areas where the provider should make improvement are:

- Develop a practice website to signpost their services.
- Review how carers are identified and recorded on the patient record system to ensure information, advice and support is made available to all.

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.

- 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.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were generally comparable to the CCG and national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There were detailed personalised care plans.
- 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.
- The practice had registers to identify vulnerable patients, child protection, learning disability, female genital mutilation (FGM), palliative care and housebound patients.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

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

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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 developed a cancer diagnosis protocol which was implemented across the CCG to improve cancer diagnosis and recording.
- Patients said they generally found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG.)
- 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.

Are services well-led?

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

Good



- 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.

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 good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. We saw that the practice had detailed and personalised care plans and recorded problems/issues, progress made against the plan and any outstanding health concerns which required further intervention.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered health checks for patients aged over 75 and provided a named GP.
- The practice contacted all patients after their discharge from hospital to address any concerns and to assess if the patient required any GP involvement at that time.
- The practice referred older people to other services in order to more effectively meet their needs, for example the falls prevention service.
- The practice had a “housebound list” with named GP’s. These patients were reviewed every 6-12 months by nurse, healthcare assistant or GP as necessary and more frequently based on clinical need.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice used the information in the Quality and Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). Data from 2014/2015 showed that performance for diabetes related indicators was 84% which was comparable to the CCG and national average of 84%.
- Longer appointments and home visits were available when needed.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Diabetic patients are signposted to appropriate support services, to support them with diet and lifestyle information and required changes.
- Smoking cessation, weight management advice and referral for exercise programmes were available to support people with long term conditions.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high 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.
- The practice provided six week check-ups for mums and babies.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 81% and the national average of 82%. The practice had a policy to offer telephone reminders for patients who did not attend for their cervical screening tests.
- Appointments were available outside of school hours and the premises were suitable for children and babies, and baby change facilities were available.
- They provided advice on family planning, contraceptive medication and contraceptive coil fitting. Blood pressure checks were provided after six months for patients on regular contraception medication.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The practice held a fortnightly midwife clinic on site.
- The practice had monthly safeguarding meetings which included the midwife and health visitor.
- We saw that the practice offered chlamydia screening for patients and the promotion of sexual health when relevant.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



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

- 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.
- They encouraged patients to attend national screening programmes for bowel and breast cancer screening. The practice uptake for patients aged 60-69, screened for bowel cancer in the last 30 months was 41%; this was comparable to the CCG average of 41% but below the national average of 58%. The practice uptake for female patients aged 50-70 screened for breast cancer in the last 36 months was 51%, which was less than the CCG average of 60% and the national average of 72%.
- They provided telephone consultations and NHS health checks.
- They provided extended hours clinics with evening appointments three times a week.

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- They provided annual health checks for those patients with a learning disability and also offered longer, flexible appointments to meet their needs.
- They offered longer appointments for patients with complex needs.
- They regularly worked with other health care professionals in the case management of vulnerable patients.
- They 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.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good



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

- 78% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was below the CCG average of 87% and national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Staff had a good understanding of how to support patients with mental health needs and dementia. Practice staff were 'dementia friends' trained to provide extra support and personalised care.
- 88% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) which was comparable to the CCG average of 84% and national average of 88%.
- There was a GP run monthly clinic with a nurse from the community mental health team.
- A counsellor from Newham Talking Therapy holds a weekly clinic at the practice.
- 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.
- The practice conducted medication monitoring with the provision of weekly prescriptions as necessary.

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 generally in line with local and national averages. Three hundred and sixty six survey forms were distributed and 72 were returned. This represented a 20% completion rate and approximately 1% of the practice's patient list.

- 68% of patients found it easy to get through to this practice by phone compared to the CCG average of 60% and national average of 73%.
- 82% 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 national average of 85%.
- 78% of patients described the overall experience of this GP practice as good compared to the CCG average of 75% and national average of 85%.
- 69% 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 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 40 comment cards all of which were positive about the service experienced, although four also commented that sometimes it was difficult to get through to the practice to arrange an appointment. Patients said they felt the practice offered an excellent service and staff were friendly, helpful, kind, caring and treated them with dignity and respect.

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

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, friendly, understanding and caring.

Abbey Road Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist adviser and practice manager specialist adviser.

Background to Abbey Road Medical Practice

Abbey Road Medical Practice is an established GP practice situated within the London Borough of Newham. The practice lies within the administrative boundaries of NHS Newham Clinical Commissioning Group (CCG).

The practice provides general medical services to approximately 7600 patients living within its catchment area in Stratford, London. The practice holds a General Medical Services (GMS) Contract. The practice is located at 28a Abbey Road, Stratford, London, E15 3LT and is served with relatively good transport links. The nearest stations are Abbey Road and Stratford High Street on the DLR or Stratford International (Underground and Southeastern Rail.) The building is purpose built and provides step free access, automatic doors enabling wheelchair and general access to the entrance, reception and waiting area. An induction loop system is available for deaf and hearing impaired people who use the service. Language line services are available for those who do not have English as a first language, together with the provision of a confidential/isolation area in reception and the opportunity to use a ground floor quiet room. There is parking on site offering general and disabled parking. The practice shares the building with a dental practice which operates on the first floor of the building.

The practice population is ethnically diverse, with a significant African, Asian and White European community. The area has significant deprivation with an Indices of Multiple Deprivation (IMD) score of 2 (2nd most deprived decile). The lower the IMD decile the more deprived an area is. An area itself is not deprived; it is the circumstances and lifestyles of the people living there that affect its deprivation score.

The demographics show a fairly even gender split with Male (52%) and Female (48%). There is a younger than average population with significantly less people aged over 65, in comparison to the England average. The percentage of patients with a long standing health condition appears 20% lower than the England average and 10% lower than the CCG average.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic & screening procedures, treatment of disease, disorder or Injury, family planning, surgical procedures and maternity & midwifery services. Some directed enhanced services are provided at this practice which includes, contraceptive coil fitting, facilitating timely diagnosis and support for people with dementia, and influenza, pneumococcal and shingles immunisations.

The practice team comprises of two male partner GP's (each cover 8 clinical sessions), one full time salaried female GP (covers 8 clinical sessions), and one part time female GP (covers 2 clinical sessions.) They are supported by a full time practice nurse, one part time healthcare assistant, one full time practice manager, one full time administrator, one part time reception manager and twelve additional reception/administrative staff, including two part time trainee receptionists.

The opening hours are Monday, Tuesday and Wednesday 8.30am to 8pm, Thursday from 8.30am to 12.30pm and Friday 8.30am to 6.30pm. Appointments are from 9am to

Detailed findings

12.30pm daily and from 3pm to 6pm daily except Thursday. There is the opportunity for emergency appointments Monday to Friday on a first come first serve basis between 8.30am and 9.30am available by telephone or walk in. Extended hours appointments are available Monday to Wednesday evenings from 6.30pm to 8pm. Saturday appointments are available at another nearby “buddy” practice.

Out-of-hours services are communicated by calling the Newham GP Cooperative out of hours service on a dedicated telephone line when the practice is closed. Calls to the surgery number are signposted to the out of hours service or by calling NHS Direct on 111. Information is provided on the practice telephone line and on the practice notice board.

The practice provides a full range of general medical services including chronic disease management, and NHS health checks. The practice also provides health promotion services including, cervical screening, childhood immunisations, contraception including IUD (coil) fitting and family planning. The practice is a training practice which supports the training of student doctors and nurses, although at the time of our inspection were not providing placements for doctors.

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 is the first time the CQC has inspected the practice.

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 17 August 2016. During our visit we:

- Spoke with a range of staff (GP’s, practice manager, nurse, administrative and reception staff); spoke with five patients who used the service and four members of the patient participation group (PPG).
- Observed how patients were being cared for and talked with carers and 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 significant events and carried out a formal annual review of incidents and accidents.

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, the building recently had sliding doors fitted which had resulted in staff and patients accidentally bumping into the door. This was discussed and a general risk assessment was conducted which resulted in the frosted strips with the practice name being applied to the side of the door to make it more visible.

Overview of safety systems and processes

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

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

midwife and health visitor. 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 safeguarding level 3, healthcare assistant, reception and administrative staff were trained to Level 1 or 2.

- A notice in the waiting and clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with peers and the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). Health Care Assistants were trained to administer vaccines and medicines against a Patient Specific Direction (PSD) from a prescriber. (PSDs

Are services safe?

are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).

- We reviewed 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 on display which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was 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. This had recently been reviewed and updated following an incident in June which resulted in a partial power loss over two days.

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 most recent published results at the time of the inspection were 94.8% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was in line with the local and national averages.
- 76% of patients with diabetes, had their HbA1c (blood sugar over time) last measured at 64 mmol/mol or less, compared to the local average of 73% and the national average of 78%.
- 75% of patients with diabetes had well controlled blood pressure, compared to the local average of 83% and the national average of 78%.
- 98% of patients with diabetes had an influenza immunisation, compared to the local average of 94% and the national average of 94%.
- 74% of patients with diabetes had well controlled total cholesterol, compared to the local average of 81% and the national average of 81%.

- 95% of patients with diabetes had a foot examination and risk classification, compared to the local average of 89% and the national average of 88%.
- Performance for mental health related indicators was similar to the national average.
- 88% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan, compared to the local average of 84% and the national average of 88%.
- 96% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded, compared to the local average of 92% and the national average of 90%.
- 78% of patients diagnosed with dementia had a face-to-face review of their care, compared to the local average of 87% and the national average of 84%.
- 98% of patients with physical and/or mental health conditions had their smoking status recorded, compared to the local average of 96% and the national average of 94%.

Rates of exception reporting were in line with average. (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).

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years, three 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. For example, an audit was conducted to improve patient outcomes through the prevention, early detection and treatment of undernutrition. Initially the practice identified that they did not have a structured system in place to review patients who were receiving oral nutritional supplements. They reviewed their processes and agreed the malnutrition universal screening tool should be used consistently to improve prescribing and patient outcomes. Through subsequent

Are services effective?

(for example, treatment is effective)

reviews it was noted that the use of this tool increased from 40% to 99% in an eighteen month period which resulted in more appropriate prescribing and monitoring.

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, one of the practice nurses was doing an advanced nurse practitioner course at City University to further improve their skills and knowledge.
- 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, in-house and external 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, such as Newham Talking Therapy for those with emotional, affective and anxiety related problems.

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 to, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular 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.
- 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 identified as vulnerable were signposted to the relevant service.
- The practice nurse provided dietary advice and support and signposting in relation to smoking cessation.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 81% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated

Are services effective?

(for example, treatment is effective)

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 the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to five year olds from 81% to 96%.

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 and those 75 and over. 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.

All of the 40 patient Care Quality Commission comment cards we received were positive about the service experienced, although four also commented that sometimes it was difficult to get through to the practice to arrange an appointment. Patients said they felt the practice offered an excellent service and staff were friendly, helpful, kind, caring and treated them with dignity and respect.

We spoke with four members of the patient participation group (PPG). They also told us they were very 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 felt they were treated with compassion, dignity and respect. The practice was comparable with the CCG and national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 82% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 78% and the national average of 87%.
- 92% 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%.

- 81% 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 national average of 85%.
- 86% 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 national average of 91%.
- 81% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 82% 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%.
- 82% 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 national average of 82%.
- 77% 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 national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- We saw advice on healthy living, how to access to health records and how to become involved in the PPG displayed within the practice.

Are services caring?

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 28 patients as carers which was less than 0.4% of the practice list. The practice used the list to offer support, signpost and refer to

other agencies where appropriate. Carers were also invited to take part in the annual influenza vaccinations programme. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was followed by a patient consultation at a flexible time and location to meet the family's needs. The practice sent sympathy cards together with a letter and information sheet produced by the local bereavement drop in centre.

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 CCG to secure improvements to services where these were identified. For example the practice developed a cancer diagnosis protocol which was implemented across the CCG to improve cancer diagnosis and recording.

- The practice offered an extended evening clinic on a Monday, Tuesday and Wednesday evening from 6.30pm to 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and complex needs.
- 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 as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday, except Thursday when the practice closed at 12.30pm. Appointments were from 9am to 12.30pm every morning and 3pm to 6pm daily. Extended hours appointments were offered at the following times; 6.30pm to 8pm Monday to Wednesday. In addition to pre-bookable appointments, that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. Saturday appointments were available at another nearby "buddy" practice.

Out of hours services are communicated by calling the Newham out of hours service on a dedicated telephone line when the practice is closed. Calls to the surgery

number are signposted to the Newham cooperative out of hours service or by calling NHS Direct on 111. Information is provided on the practice telephone line and on the practice notice board.

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

- 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 76%.
- 68% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and national average of 73%.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The duty doctor would telephone 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 e.g. notices were displayed and a summary leaflet was available.

We looked at 6 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and the practice were open and transparent with dealing with the complaint. The practice conducted a formal annual review of complaints and discussed the outcomes in a whole practice meeting. Lessons were learnt

Are services responsive to people's needs?

(for example, to feedback?)

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, patients had complained and were unhappy that when they arrived late for an appointment they were unable to be seen and would have to book another appointment. This was discussed at

a practice meeting and this policy was reviewed. It was subsequently agreed that patients would now be seen on the day of their appointment but may need to wait until the end of surgery to be seen, rather than being advised to rebook.

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 in the waiting areas and staff knew and understood the values.
- The practice had a 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.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- They gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.
- They learned from complaints, incidents and accidents and conducted a formal annual review which was shared and discussed with all staff.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff 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, the practice implemented changes recommended by the PPG to improve the telephone system.
- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and

Are services well-led?

Good 

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

discuss any concerns or issues with colleagues and management. Staff told us their views were valued and 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. For example, the practice developed a cancer diagnosis protocol which were implemented across the CCG to improve cancer diagnosis and recording.