

Dr James Lawrie

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 the Dr James Lawrie practice on 18 February 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.
- Most risks to patients were assessed and generally well-managed, with the exception of elements of medicines management for practice nurses and DBS checks for non-clinical staff.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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.
- Patients generally said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvement are:

- Ensure a system for production of Patient Specific Directions to enable nurses to administer specific injectable medicines such as vitamin B12, Depo-Provera and Yellow Fever vaccinations as required.

Summary of findings

An area where the provider should make improvement is:

- Consider increasing the frequency of basic life support training for non-clinical staff.
- Implement robust arrangements to assess and manage processes such as the cold chain, and recruitment procedure and all necessary pre-employment checks for all staff.

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.

Requires improvement



- 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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice generally had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, not all staff had annual basic life support training and some Patient Specific Directions were not in place to enable the nurse to administer specific injectable medicines.
- Risks to patients were mostly assessed and well managed with the exception of the robustness of the recruitment policy and recruitment checks for non-clinical staff.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Identifying carers had been a high priority at the practice in recognition of the important role carers fulfil.

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. For example, the practice had identified 10% of its patient population had diabetes and had two GPs and a nurse that were specially trained in diabetes and able to initiate insulin and "GLP1" medicines for diabetic patients.
- Most 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.

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 high quality care and promote good outcomes for patients. Staff were clear about the values of the practice and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about 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.

- 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 undertook its own visits for older people for continuity of care out of hours.
- The practice held monthly meetings with a local hospice to discuss care for patients at the end of life.
- The practice had run practice based small chronic pain classes with a clinical psychologist.

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.
- 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.
- Performance for diabetes related indicators was comparable to CCG and national averages at 80%, (CCG average 87%, and national average of 90%)
- The practice had two GPs and a Nurse trained in diabetes and able to initiate insulin and “GLP1” medicines for diabetic patients.
- The percentage of patients with hypertension having regular blood pressure tests was comparable to CCG and national averages at 76% (CCG average and national average both 84%)
- Dr James Lawrie had co-led a local project for young people (16-25 years) with diabetes which resulted in several positive outcomes for this group, for example the development of a Newham based peer-support group for young people with diabetes.

Good



Summary of findings

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.
- The percentage of patients with asthma who had an asthma review in the preceding 12 months was 76% compared to 75% nationally.
- 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 80%, which was comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, and health visitors.
- The practice had a specially trained female GP and offered a full range of contraceptive services including contraceptive advice, contraceptive pills, Depo-Provera injection, and coils fitting and removal.

Good



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 offered on site physiotherapy every Thursday evening and Saturday morning.
- The practice was part of a local extended hours collaborative, and patients could book to see a GP in Newham every week night until 8.30pm and or between 9.00am and 1.00pm on Saturdays.
- The practice offered an appointment based on site phlebotomy service two mornings a week from 8.30am.

Good



Summary of findings

- The practice had monthly meetings with the student welfare team from the University of East London to discuss students with physical, social or psychological problems.

People whose circumstances may make them vulnerable

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.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.
- The practice worked closely with staff at a hostel for women with learning difficulties who had suffered abuse or exploitation, and a community homes scheme for people with learning disabilities and mental health problems.
- Two GPs had completed the Royal College of General Practitioners (RCGP) opiate training to enable them to prescribe methadone for people combating opiate addiction.

Good



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).

- 88% of patients diagnosed with dementia that had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- Performance for mental health related indicators was similar to CCG and the national averages at 89% (CCG average 87%, national average 93%).
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.

Good



Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice hosted an eating disorders pilot project and held monthly meetings with the specialist eating disorder counsellor.
- The practice had employed its own counsellor and held on site psychodynamic counselling and Cognitive Behavioural Therapy (CBT).

Summary of findings

What people who use the service say

The national GP patient survey results published January 2016. The results showed the practice was performing in line or better than local and national averages. Four hundred and thirteen forms were distributed and seventy one were returned. This represented 1% of the practice's patient list.

- 80% found it easy to get through to this surgery by phone which was better than the CCG average of 61% and comparable to the national average of 73%.
- 92% were able to get an appointment to see or speak to someone the last time they tried (CCG average 76%, national average 85%).
- 86% described the overall experience of their GP surgery as fairly good or very good which was comparable to the CCG average of 76% and the national average of 85%.
- 86% said they would recommend their GP surgery to someone who has just moved to the local area, which was above the CCG average of 66% and comparable to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 40 comment cards which were all positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect; however, four cards expressed difficulties in getting through on the telephone or getting an appointment.

We spoke with six patients during the inspection. All patients said they were happy with the care they received and thought staff were approachable, committed and caring; however two expressed difficulty getting through on the telephone and one said they it found it difficult to get an appointment. Patients 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. Patients also said they found the practice to be clean and tidy and that they were treated with dignity and respect.

Areas for improvement

Action the service **MUST** take to improve

- Ensure a system for production of Patient Specific Directions to enable nurses to administer specific injectable medicines such as vitamin B12, Depo-Provera and Yellow Fever vaccinations as required.

Action the service **SHOULD** take to improve

- Consider increasing the frequency of basic life support training for non-clinical staff.
- Implement robust arrangements to assess and manage processes such as the cold chain, and recruitment procedure and all necessary pre-employment checks for all staff.

Dr James Lawrie

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, a practice nurse specialist adviser, a practice manager specialist adviser and a second CQC Inspector.

Background to Dr James Lawrie

Dr James Lawrie, also known as the Royal Docks Medical Practice is situated on the ground floor of the Royal Docks Medical Centre and is within NHS Newham Clinical Commissioning Group (CCG). It provides services to approximately 9,150 patients under a Personal Medical Services (PMS) contract and is roughly two minutes' walk from Cyprus DLR station. The practice has step free access, a disabled toilet, and a hearing loop on reception. It provides a full range of enhanced services including diabetes, extended hours, and NHS health checks. It is registered with the Care Quality Commission to carry on the regulated activities of Maternity and midwifery services, Family planning services, Surgical procedures, Treatment of disease, disorder or injury, and Diagnostic and screening procedures.

The staff team at the practice includes the full time male lead GP doing nine sessions per week, three part time salaried male GPs (two doing six sessions per week and one doing two sessions per week), three part time salaried female GPs (two doing six sessions per week and one doing four sessions per week), two full time female practice nurses, one part time female psychologist doing two sessions per week, a full time practice manager, and a team

of reception and administrative staff (all working a mix of part time hours). The practice is a teaching and training practice and has two GP registrars, one male and one female (one full time and one working at 80% of full time) at the time of the inspection. The practice very rarely uses locum GPs and several GPs who trained at the practice had stayed on to work there as salaried GPs.

The practice core opening time is from 8am to 6.30pm every week day. It has extended opening every week day until 7.00pm except Thursday when it is open until 9.30pm, and on Saturdays from 9.00am to 12.30pm for working patients who cannot attend during normal opening hours. GP and nurse appointments are available from 8.30am to 12.30pm and from 1.50pm to 7.00pm every weekday evening except Thursdays when they are available until 8.30pm. Saturday GP appointments are between 9.00am and 12.30pm. The practice offers further extended opening through a hub network of local practices every weekday until 9.30pm. Pre-bookable appointments are available including online in advance. Home visits, telephone appointments and urgent appointments are available for people that need them. Patients telephoning out of hours are transferred automatically to the local out of provider.

The practice is located in one of the most deprived and diverse areas in England, it has large groups of Bengali and Eastern European patients and a high proportion of student patients on its list due to being in very close proximity to the University of East London campus. It has a lower percentage than the national average of people aged over 65 years (3% compared to 17%). The average male and female life expectancy for the practice was comparable to the Clinical Commissioning Group (CCG) and national averages for males (79 years at the practice, 78 years within the CCG and 79 years nationally) and females (83 years at the practice, which is the same as CCG national averages).

Detailed findings

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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.

The practice had not been inspected previously.

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 18 February 2016.

During our visit we:

- Spoke with a range of staff (including the lead individual GP, salaried GPs, practice nurse, practice 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 practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts, and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the prescribing policy was reviewed following a safety incident involving a high risk medicine and all staff were trained on the new policy.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, a GP had telephoned a patient with cancer whose diagnosis had been delayed. The GP gave the patient a full explanation and offered an apology, and the incident was treated as a significant event. The practice implemented a checking system to ensure two week wait referral appointments had been made.

Overview of safety systems and processes

The practice had some clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, although there were areas for improvement:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities. For example, staff had noticed a patient who had become unkempt and had

appeared to have stopped maintaining their personal hygiene. Staff followed up with the patient and made an appropriate referral to the local social services team to ensure the patient received appropriate support, and this was discussed at a practice meeting. Staff had received training relevant to their role and GPs and nurses were trained to Safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and 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. For example, the infection control audit had identified some sharps containers had not been date labelled as required. This was discussed at the practice meeting with all staff and an action plan had been implemented to prevent recurrence.
- Most arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Prescription 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. However, the practice did not have a system for production of Patient Specific Directions to enable nurses to administer injectable medicines such as vitamin B12, Depo-Provera and Yellow Fever vaccinations. All medicines stored in the medical refrigerator had been kept within the correct

Are services safe?

temperature range, were in date, and had been stocked appropriately; however, the practice did not have a system in place in the event of medical refrigerator temperatures going out of range. Immediately after inspection the practice sent us evidence of appropriate PSDs and an updated cold chain policy that included actions in event of medical refrigerator temperatures going out of range.

- The practice had a recruitment procedure in place, but we found it did not cover the need for staff DBS or identification checks and was not being implemented well enough to comply with the requirements of the Health and Social Care Act (Regulated Activities) Regulations 2014. We reviewed four personnel files and found appropriate recruitment checks had generally been undertaken prior to employment, notably for clinical staff. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, non-clinical staff were not routinely DBS checked and there was no DBS risk assessment in place to explain this, and one non clinical staff member only had one references check. On the day of inspection practice management staff told us they would undertake DBS checks for all staff. Immediately after inspection the practice sent us an updated recruitment policy which included required pre recruitment checks, and a risk assessment template for non-clinical staff that were currently employed without a DBS check.
- 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and had improved its fire signage as a

result. It also 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 that 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.
- Clinicians had received annual basic life support training; and non-clinicians had been trained within the last 18 months. A first aid kit and accident book were available.
- The practice held a stock of medicines for emergency use; however it did not have Hydrocortisone (for emergency treatment of severe asthma or sudden allergic reaction), Cyclizine (for nausea and vomiting), or Atropine (recommended for practices that fit coils/for patients with an abnormally slow heart rate). Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the emergency medicines we checked were in date and fit for use. Immediately after inspection the practice sent us evidence it had obtained Hydrocortisone, Cyclizine and Atropine for emergency use.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.

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 peoples' 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 were 94% of the total number of points available, with 4% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 1 April 2014 to 31 March 2015 showed:

- Performance for diabetes related indicators was comparable to CCG and national averages at 80%, (CCG average 87%, and national average of 90%).
- The percentage of patients with hypertension having regular blood pressure tests was comparable to CCG and national averages at 76% (CCG average and national averages, both 84%).
- Performance for mental health related indicators was similar to CCG and the national averages at 89% (CCG average 87%, national average 93%).

Clinical audits demonstrated quality improvement.

- There had been six clinical audits carried out in the last two years, three of these were completed audits where the improvements made were implemented and monitored. Findings were used by the practice to

improve services. For example, recent action taken as a result included ensuring 11 patients with diabetes and chronic kidney disease were being prescribed medicines in line with current licencing requirements. Of the 11 patients, nine had the medicine stopped or switched to a more appropriate medicine and two were monitored.

- The practice participated in local audits, national benchmarking, accreditation and peer review. Information about patients' outcomes was used to make improvements. For example, to review and ensure patients with Atrial Fibrillation (AF) were receiving anticoagulant medicines, where required and in line with best practice guidelines.

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. It 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 and undertaking minor surgery. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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 during sessions, one-to-one meetings, appraisals, clinical supervision and facilitation and support for revalidating GPs. All staff had received an annual appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire procedures, and information governance awareness, but not all staff had received annual basic life support training. 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. Information such as NHS patient information leaflets were also available.
- 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 services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

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 with the exception of one practice nurse; however, this staff member was not responsible for or involved in providing contraception for young people.

- 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.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service for example a local carer's support group.
- The practice had a self-check blood pressure monitoring machine for patients in the reception area.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured female sample takers were available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81% to 95% and five year olds from 79% to 93%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people 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.

All of the 40 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four members of the patient participation group. 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 patients needed help and provided support when required.

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

- 87% said the GP was good at listening to them compared to the CCG average of 83% and national average of 89%.
- 87% said the GP gave them enough time (CCG average 80%, national average 87%).
- 94% said they had confidence and trust in the last GP they saw (CCG average 91%, national average 95%).
- 85% said the last GP they spoke to was good at treating them with care and concern (CCG average 76%, national average 85%).
- 87% said the last nurse they spoke to was good at treating them with care and concern (CCG average 80%, national average 91%).

- 87% said they found the receptionists at the practice helpful (CCG average 80%, national average 87%).

Care planning and involvement in decisions about care and treatment

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

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:

- 83% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and national average of 86%.
- 77% said the last GP they saw was good at involving them in decisions about their care (CCG average 74%, national average 81%)
- 88% said the last nurse they saw was good at involving them in decisions about their care (CCG average 78%, national average 85%)

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.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's had implemented a system at patients log in that invited patients to identify themselves and alert GPs if they were also a carer, and had identified 9% of its list as carers. After inspection we asked staff about the 9% figure because it was large for a practice with a high population of younger people and students. The practice told us some patients may have had a different concept of being a carer and they would rather over identify carers than miss "hidden carers" in recognition of the important role they

Are services caring?

fulfil. It was clear that identifying carers and offering support had been a high priority for the team. Written information and appropriate advice 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 by telephone to offer sympathies

and support. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, it had identified that 10% of its patient population had diabetes and had two GPs and a nurse that were specially trained in diabetes and able to initiate insulin and "GLP1" medicines for diabetic patients.

- The practice had extended opening every weekday until 7.00pm except Thursday when it was open until 9.30pm, and on Saturdays from 9.00am to 12.30pm. It also offered clinics every weekday until 9.30pm through a hub network of local practices, for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately such as Yellow Fever.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had baby changing and breastfeeding facilities available.

Access to the service

The practice's core opening hours were 8am to 6.30pm every weekday. Extended surgery hours were offered every weekday until 7.00pm except Thursday when they were until 9.30pm; and on Saturdays from 9.00am to 12.30pm. GP and nurse's appointments were available from 8.30am to 12.30pm and 1.50pm to 7.00pm every weekday evening, except Thursdays when they were available until 8.30pm. The practice also offered clinics every weekday until 9.30pm through a hub network of 22 local practices, for working patients who could not attend during normal opening hours. Pre-bookable appointments are available including online in advance; home visits, telephone appointments and urgent appointments were available for people that need them.

Results from the national GP patient survey published January 2016 showed that patient's satisfaction with how they could access care and treatment were better than or comparable to local and national averages.

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 80% patients said they could get through easily to the surgery by phone (CCG average 61%, national average 73%).
- 53% patients said they always or almost always see or speak to the GP they prefer (CCG average 47%, national average 59%).

Most of the six patients we spoke to on the day of the inspection told us 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. There was no complaints poster in the reception area; however, the practice had complaints leaflets and guidance available for patients at the reception desk and put a complaints poster up on the day of inspection.

We looked at nine complaints received in the last 12 months and found these were dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, after a patient had made an appointment to see a specific GP and on arrival had been booked in with a different GP. The practice called the patient to explain and apologise and sent a follow up apology letter. After the complaint the practice reception team agreed to always repeat back appointment details to patients for their confirmation.

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 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:

- All staff were aware of their own roles and responsibilities and those of other members of the practice team.
- Practice specific policies were robust and implemented with the exception of recruitment.
- Practice policies and were available to all staff; however, some staff were unclear of the whistleblowing policy. After inspection the practice told us it had met with staff to explain the whistleblowing policy and had collected staff signatures to confirm this.
- 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.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

Dr James Lawrie was the lead GP and was supported by long term salaried GPs, some of whom had stayed on to work at the practice after completing their GP training there. The management staff had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. Dr James Lawrie was visible in the practice and staff told us all GPs were approachable and always took the time to listen to all members of staff.

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 knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice 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.

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 in doing so and felt supported if they did. We noted team regular team social events were help for staff.
- Staff said they felt respected, valued and supported, particularly by the lead GP, salaried GPs in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, one member of receptionist staff had taken the lead with the team to chase up patients referrals and blood and other test results.

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. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice introduced an in-house appointment based phlebotomy service for patients following feedback from its PPG.

- The practice had gathered feedback from staff through staff social events, staff meetings, appraisals and

Are services well-led?

Good 

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

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 and told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong 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, Dr James Lawrie had co-led a local project for young people (16-25 years) with diabetes which resulted in several positive outcomes for this group, for example the development of a Newham based peer-support group for young people with diabetes.

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The registered person had not ensured a system for production of Patient Specific Directions to enable nurses to administer specific injectable medicines. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.