

# Star Lane Medical Centre

## 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 Star Lane Medical Centre on 18 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.
- Not all risks to patients were assessed or well managed such as infection control, fire safety and premises and equipment maintenance or cleaning.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had generally been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment but there were gaps in safeguarding training.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Some patients had not found it easy to get through on the telephone or make an appointment but the practice had taken recent and significant steps to improve access. Urgent appointments were available the same day.
- The practice was implementing contingency plans following a major flood on 23 June 2016 and had sustained arrangements 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.

# Summary of findings

- We saw examples of the practice using innovative and proactive methods to improve patient outcomes to promote multidisciplinary working and to patients to enter a “beat the street” local physical activity initiative.

The areas where the provider must make improvements are:

- Maintain effective arrangements for infection control and premises and equipment cleanliness and safety.
- Establish effective systems and processes to identify and mitigate risks to patient’s safety.

In addition the provider should:

- Implement systems to ensure all staff are trained in accordance with their role.
- Review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to them.
- Ensure premises restoration and decoration works are followed through.
- Review or evaluate arrangements for patient’s telephone access and information leaflet.
- Improve entrance doors arrangements to the baby clinic and first floor waiting room.

**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 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.
- Risks to patients who used services were assessed with the exception of fire safety, and systems and processes did not identify or follow up risks consistently enough to ensure patients were kept safe. For example infection control, fire safety, legionella, and premises and equipment.
- The practice had systems, processes and practices in place to keep patients safeguarded from abuse but there were some gaps in staff training.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



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

### Are services caring?

The practice is rated as good for providing caring services.

**Good**



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

# Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- There was no privacy sign on the door when the baby clinic was underway, and the first floor waiting room door banged loudly. However, we saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, it had identified a high rate of unplanned pregnancies within its population and employed a specialist sexual health nurse and offered full sexual health and contraception services including coils and implants on site.
- Telephone access arrangements were unclear on the patients information leaflet and some patients expressed difficulty in getting through on the telephone. However, the practice had taken recent steps to improve and evaluate patient's telephone access.
- The practice had good facilities and was well equipped to treat patients and meet their needs and with urgent appointments were available the same day.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had encouraged its patients to enter a "beat the street" initiative (a walking, cycling and running community game where patients use a touch card to track their progress in competition within and between neighbouring boroughs). Ninety-four of its patients participated and had second for activity points on the leader board.

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 vision and their responsibilities in relation to it.

Good



# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. However, some risks had not been identified or managed.
- 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 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.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The percentage of patients with rheumatoid arthritis, on the register, who had had a face-to-face annual review in the preceding 12 months was 98% (CCG average 91% and national average 91%).
- Performance for treatment of stroke and Transient ischaemic attacks (TIAs), known as 'mini stroke' was 96% (CCG average 94% and national average 97%)
- The practice provided on site community anticoagulation for atrial fibrillation (AF). (Anticoagulants are medicines that help prevent blood clots and AF is the most common type of problem with the rate or rhythm of the heartbeat).
- The practice had identified 23 patients in need of end of life care on its register, 16 of these patients (70%) had a care plan.

### 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.
- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients on the diabetes register with a record of a foot examination and risk classification within the preceding 12 months was 95% compared with the national average of 88%.
- 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.
- The practice had encouraged its patients to enter a "beat the street" initiative (a walking, cycling and running community

# Summary of findings

game where patients use a touch card to track their progress in competition within and between neighbouring boroughs). Ninety-four of its patients participated and had second for activity points on the local leader board.

- On site services included phlebotomy and diabetes clinics with initiation and management of “gliptins” and insulin, ECGs and phlebotomy. (Phlebotomy is blood sample collection, an ECG or “electrocardiogram” is a test which measures the electrical activity of your heart's rhythm and activity, gliptins are a medicine that can be used to treat diabetes mellitus type 2, insulin is a hormone which regulates the amount of glucose in the blood).

## 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.
- Childhood immunisation rates were comparable to CCG averages and ranged from 75% to 92% (CCG ranged from 82% to 94%) for under two year olds; and from 71% to 95% (CCG ranged from 82% to 94%) for five year olds.
- 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 83%, which was comparable to the CCG average of 81% and 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 there was twice monthly on site baby clinic run by health visitors.

76% of patients diagnosed with asthma, on the register had an asthma review in the last 12 months which was comparable to 78% within the CCG and 75% nationally.

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).

Good





# Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- On site services included ultrasound, phlebotomy, ECGs, physiotherapy and minor surgery.
- Patients aged 40–74 had access to appropriate health assessments and checks that were followed up where abnormalities or risk factors were identified.

## 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 and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and had identified 68 on its register. 45 of these patients (66%) had received an annual health check. This percentage was derived from year to date performance with a further eight months to go and showed the practice performance was on track.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had a wide range of services available on site.

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).

- 78% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to CCG average of 87% and the national average of 84%

Good



# Summary of findings

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record in the preceding 12 months was 92% which was comparable to CCG average of 84% and the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- On site services included psychology and substance misuse clinics.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line local and national averages, except for patients' telephone access which was below the national average. Three hundred and seventy six forms were distributed and 97 were returned. This represented 1% of the practice's patient list.

- 50% found it easy to get through to this surgery by phone which was comparable to the CCG average of 61% and below the national average of 73%.
- 61% were able to get an appointment to see or speak to someone the last time they tried (CCG average 66%, national average 76%).
- 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%).
- 70% said they would recommend their GP surgery to someone who has just moved to the local area which was better than the CCG average of 69%, and comparable to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards and 31 were entirely positive about the standard of care received and said staff were professional, polite and helpful. Where patients expressed dissatisfaction the themes were difficulty getting an appointment or appointments running late.

CQC patients' comments cards were generally positive. However, three of 34 patients expressed dissatisfaction with difficulty getting an appointment or appointments running late.

We spoke with ten patients during the inspection. All ten patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, four patients said they had difficulty getting through on the telephone. The practice friends and family test results showed patients' satisfaction was in the middle range and 68% said they would recommend the surgery.

## Areas for improvement

### Action the service **MUST** take to improve

- Maintain effective arrangements for infection control and premises and equipment cleanliness and safety.
- Establish effective systems and processes to identify and mitigate risks to patient's safety.

### Action the service **SHOULD** take to improve

- Implement systems to ensure all staff are trained in accordance with their role.

- Review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to them.
- Ensure premises restoration and decoration works are followed through.
- Review or evaluate arrangements for patient's telephone access and information leaflet.
- Improve entrance doors arrangements to the baby clinic and first floor waiting room.

# Star Lane Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our team was led by a CQC lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser, and a practice manager specialist adviser.

## Background to Star Lane Medical Centre

The Star Lane Medical Centre is situated within the NHS Newham Clinical Commissioning Group (CCG). The practice provides services to approximately 14,300 patients under a Personal Medical Services (PMS) contract and a full range of enhanced services including minor surgery, child and travel vaccines, and family planning including coil fitting. It is registered with the Care Quality Commission to carry on the regulated activities of maternity and midwifery services, family planning services, treatment of disease, disorder or injury, surgical procedures, and diagnostic and screening procedures.

The practice teaches GP students and trains qualified GP registrars. The staff team two GP partners, (one female working six sessions, and one male working eight sessions per week), five salaried GPs (three female working a total of 18 sessions per week, and two male working a total of 16 sessions per week), six regular locum GPs working 18 sessions per week, a full time female nursing team (practice nurse, trainee practice nurse and health care assistant), a full time pharmacist, a practice manager and assistant practice manager (both full time), and a team of reception and administrative staff all working a mixture of full time and part time hours.

The practice premises are purpose built over two storeys with lift access to the first floor. Its core opening hours are between 8:00am to 6.30pm every weekday. GP appointments are available from 8.00am to 6.30pm and include home visits, telephone consultations and online pre-bookable appointments. Urgent appointments are available for patients who need them. The practice provides an on-site extended hour's service from 7.40am to 8.00am every Monday and from 6.30pm until 9.00pm on Wednesdays. Further (off-site) extended hours are provided through a network collaboration of local practices every weekday from 6.30pm to 9.00pm and on Saturday from 9.00am to 1.00pm. Patients telephoning when the practice is closed are transferred automatically to the local out-of-hours service provider.

Information published by Public Health England rates the level of deprivation within the practice population group as one on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The practice has a higher percentage than national average of people whose working status is unemployed (10% compared to 5% nationally), and a lower percentage of people over 65 years of age (8% compared to 17% nationally). The average male and female life expectancy for the practice is 76 years for males (compared to 77 years within the Clinical Commissioning Group and 79 years nationally), and 82 years for females (compared to 82 years within the Clinical Commissioning Group and 83 years nationally).

## 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

# Detailed findings

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 provider 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 August 2016.

During our visit we:

- Spoke with a range of staff (GP partners, a practice nurse, practice manager, health care assistant, and reception and administrative 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 an incident recording book available and a significant event reporting form on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice found a patient was prescribed a medicine that had caused them an adverse reaction. The practice contacted the patient to apologise and invited them for a follow up appointment. It also alerted the pharmacist and introduced a pop up warning on its IT system alerting GPs not to prescribe a specific medicine in certain circumstances to prevent recurrence and improve patients' safety.

### 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, but there were gaps in staff safeguarding training:

- Most arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. Policies were accessible to all staff and clearly outlined who to contact for further guidance if staff had concerns about

a patient's welfare. There was lead GP for safeguarding both adults and children. GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and non-clinical staff had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained in child protection or child safeguarding to level 3 except one was not trained in safeguarding adults. There was no evidence of safeguarding training for the practice nurse or the healthcare assistant. After inspection the practice sent us evidence demonstrating both the GP and the practice nurse had completed relevant safeguarding adults and children training within two days of inspection.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice did not maintain appropriate standards of cleanliness and hygiene but was in the middle of restoring usual arrangements after a major flood on 23 June 2016 that had stopped the practice running for a day. The premises were tidy but carpets on the first floor unaffected by the flood were visibly stained. Flooring in the patient's toilet was peeling at the edges and paint was flaking off some of the interior surfaces. The premises were otherwise clean and a rooms cleaning schedule was completed. Some of the fittings and equipment on both floors such as weighing scales, height meters, bins in clinical rooms and examination couch frames and steps were either dusty or visibly stained, including in the minor surgery room. There was no documentary evidence of cleaning for clinical equipment such as the spirometer or ear irrigator, although these were visibly clean, (a spirometer is an instrument for measuring the air capacity of the lungs). The spirometer mouthpiece and other medical equipment were sterile, single use and disposable. Some patients' privacy screens had no record of cleaning but were visibly clean, disposable curtains were appropriately replaced. The practice nurse was the infection control clinical lead and was trained in accordance with the role but was relatively new in post

## Are services safe?

and in the process of reviewing infection prevention and control arrangements. There was an infection control protocol in place and staff had received up to date training. An infection control audit had been carried out in November 2015 but the action plan had not been followed up.

Staff told us things had been extremely difficult after the flood and that all flooring was being replaced with further restoration such as redecoration were due. We saw this process was underway and the practice was delivering interim contingency plans. For example, it was using industrial dehumidifiers to help dry the baby changing room.

- 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 had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Not all risks to patients were assessed and well managed.

- There were some 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 did not have a fire risk assessment but all staff were trained and the

practice and carried out regular fire drills and maintained its premises system and firefighting equipment. Most electrical equipment was checked to ensure the equipment was safe but we found some items overdue a test from 2015 or 2007. All 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 legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However infection control and premises and equipment cleaning had not been maintained and low risks identified in the legionella risk assessment had not been followed up.

- 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 and oxygen available on the premises with adult masks but there were no children's masks or defibrillator pads. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and had been used following heavy rainfall that flooded the practice on 23 June 2016.

## Are services safe?

Arrangements were effective and included notifying relevant bodies such as the local CCG to ensure interim provision for patients' consultations and restoration of core services by the next working day.



# 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 audits.

### 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 7% exception reporting.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 1 April 2014 to 31 March 2015 QOF showed:

- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients on the diabetes register with a record of a foot examination and risk classification within the preceding 12 months was 95% compared with the national average of 88%.
  - Performance for mental health related indicators was similar to the national average. For example, the percentage of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 92% compared with a national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last two years, two of these were completed audits where

the improvements made were implemented and monitored. For example, the practice undertook an audit to reduce overprescribing of a medicine used to control blood sugar level for people with diabetes. In the first audit cycle 58 patients were prescribed the medicine and in the second cycle this was reduced to 46 patients which represented a 21% reduction in line with best practice prescribing guidelines.

- The practice participated in local audits, national benchmarking and peer review and research. Findings were used by the practice to reduce over use and inappropriate use of antibiotics in order to reduce the spread of antimicrobial resistance.

### 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 and undertaking minor surgery.
- 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, 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: fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. The majority of staff had safeguarding training in accordance with their role.

# Are services effective?

(for example, treatment is effective)

## Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

## Consent to care and treatment

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

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

## Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 81% and the national average of 82%.

There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for under two year olds ranged from 75% to 92% (CCG ranged from 82% to 94%); and from 71% to 95% for five year olds (CCG ranged from 82% to 94%).

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

However, the door at the first floor waiting room closed with a loud bang and the baby clinic was held in a room with no sign on the door to indicate it was taking place to allow patients privacy.

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

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

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

- 91% said the GP was good at listening to them compared to the CCG average of 83% and national average of 89%.
- 85% said the GP gave them enough time (CCG average 82%, national average 92%).
- 95% 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%).
- 81% said the last nurse they spoke to was good at treating them with care and concern (CCG average 80%, national average 91%).
- 79% 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 85% 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%.
- 81% said the last GP they saw was good at involving them in decisions about their care (CCG average 74%, national average 82%).
- 82% said the last nurse they saw was good at involving them in decisions about their care (CCG average 77%, national average 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 and staff spoke ten African, European and Asian languages between them that were spoken in the local community such as Hausa, Mandarin, Portuguese, Hakka and Hindi.
- Information leaflets were available in easy read format.

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

## Are services caring?

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 125 patients as carers (1% of the practice list). 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. 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 a high rate of unplanned pregnancies within its population and employed a specialist sexual health nurse and offered full sexual health and contraception services including coils and implants on site. The practice also had a high prevalence of patients with diabetes and there were two GPs specially trained to initiate and manage "gliptins" and insulin for patients on site. (Gliptins are a medicine that can be used to treat diabetes mellitus type 2 and insulin is a hormone which regulates the amount of glucose in the blood).

- The practice provided an on-site extended hour's service from 7.40am to 8.00am every Monday and from 6.30pm until 9.00pm on Wednesdays for working patients who could not attend during normal opening hours. Further (off-site) extended hours are provided through a network of local practices every weekday from 6.30pm to 9.00pm and on Saturday from 9.00am to 1.00pm.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines 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 a lift to improve access to the first floor.
- On site services included ultrasound, phlebotomy, psychology, ECGs, physiotherapy, minor surgery, substance misuse clinics, and community anticoagulation for atrial fibrillation (AF). (Phlebotomy is blood sample collection, an ECG or "electrocardiogram" is a test which measures the electrical activity of your

heart's rhythm and activity, anticoagulants are medicines that help prevent blood clots and AF is the most common type of problem with the rate or rhythm of the heartbeat).

- The practice had engaged with its patients and encouraged them to enter a "beat the street" initiative (a walking, cycling and running community game where patients use a touch card to track their progress in competition within and between neighbouring boroughs). Ninety-four of its patients participated and had collectively scored second in Newham for overall practice activity points on the leader board.

### Access to the service

The practices core opening hours were between 8:00am to 6.30pm every weekday. GP appointments were available from 8.00am to 6.30pm. On-site extended hours were from 7.40am to 8.00am every Monday and from 6.30pm until 9.00pm on Wednesdays. Further (off-site) extended hours were provided through a network of local practices every weekday from 6.30pm to 9.00pm and on Saturday from 9.00am to 1.00pm. Appointments included home visits, telephone consultations and online pre-bookable appointments. Urgent appointments are available for patients who need them.

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

- 68% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 78%.
- 50% of patients said they could get through easily to the practice by phone compared to the CCG average of 61% and national average of 73%.

CQC patients' comments cards were generally positive. However, three of 34 patients expressed dissatisfaction with difficulty getting an appointment or appointments running late. Four of the ten patients we spoke to said they had difficulty getting through on the telephone.

The practice undertook a patient's survey in June 2016 that indicated patients' dissatisfaction with telephone access.

# Are services responsive to people's needs?

(for example, to feedback?)

The practice had increased telephone lines from one to ten, moved call handling away from the reception desk and implemented a new system to monitor calls answered and missed.

We found that the practice telephone lines were not always open when the practice was open and this was not reflected on the practice leaflet. For example, lines did not open until 8.30am on weekdays (practice opened at 8.00am) and lines closed at 12.30pm on Thursdays (the practice closed at 6.30pm). We asked staff about the telephone lines opening times and they told us arrangements were historic but could be changed.

## 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 manager who handled all complaints in the practice.
- We saw that a complaints information poster and leaflets were available to help patients understand the complaints system.

We looked at 15 complaints received in the last 12 months, two in detail and found these were dealt with satisfactorily in a timely way and with openness when dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, the practice contacted a patient who had complained about clinical staff questions about their medicine and not receiving documentation they had requested. The practice met to discuss the complaint and offered the patient an apology and alternative arrangement which the patient accepted. The practice checked its systems to ensure it was prescribing in line with recommended guidelines.



# 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 not displayed in the waiting areas but 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 for example at practice meetings.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and quality of 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.

However, not all arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were effective and there were gaps in safeguarding training for clinical staff.

### 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:

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

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

- Staff told us the practice held regular team meetings and we saw evidence this was the case.
- 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, it had improved lighting in patients toilets following feedback from the PPG.
- The practice had gathered feedback from staff through staff meetings, appraisals and generally through day to day discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and that they felt involved and engaged to improve how the practice was run.

### Continuous improvement

## Are services well-led?

Good 

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

There was a focus on continuous learning and improvement within the practice. The practice team was forward thinking and co-led on promoting multidisciplinary working with allied health and social care professionals in the local area. It had made a promotional video jointly with

the CCG that set out the benefits of multidisciplinary meetings in providing person centred care. The video that can be found here <https://vimeo.com/174223368>. The practice also encouraged its patients to exercise through the local “beat the street” scheme.



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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>The provider did not ensure effective systems for infection control, and arrangements for premises and equipment cleanliness and safety.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>