

Stratford Village Surgery

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 Stratford Village Surgery on 20 April 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed, with the exception of child protection.
- 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.
- Urgent appointments were usually available on the day they were requested. However, some patients said they found it difficult to get an appointment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

- Implement robust arrangements for child protection.

The areas where the provider should make improvements are:

Summary of findings

- Ensure that its child protection IT system and policy remain up to date and robust.
- Seek to understand and address low GP patient survey results of patients feeling treated with care and concern for both nurses and GPs.
- Engage with patients to understand and address difficulties in making an appointment.
- Look at how it can improve aspects of clinical performance for people experiencing poor mental health.
- Undertake quality improvement initiatives to monitor and improve outcomes for patients.
- Ensure all staff are appropriately trained in basic life support.
- Review the system for identifying patients who are carers.
- Consider how to ensure patients with a hearing disability can be communicated with.

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.

- The practice had embedded systems, processes and practices for safeguarding adults. However, code references to identify protected children on the practice IT system did not correspond with those on the policy. Child protection systems were not aligned or sufficiently robust.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- 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.
- Risks to patients were assessed and well managed.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes comparable to local and national averages; with the exception of some elements of mental health data.
- 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.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey generally showed patients rated the practice as comparable for most all aspects of care. However, the practice scored lower on patients feeling treated with care and concern.

Good



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.

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 that it had a high proportion of working age women on its list. In response, it hosted a weekly consultant led gynaecology clinic, provided contraceptive services such as oral contraceptives, depot injections and IUCD (coil) implantation and removal, and breast health awareness sessions on site.
- Urgent appointments were available the same day; however, five of the ten patients we spoke to told us that it was difficult to get an appointment. GP patient survey data published in January 2015 showed that 80% of patients were able to get an appointment last time they tried compared to 76% within the CCG and 85% nationally.
- 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.
- There had been innovative approaches to providing integrated person-centred care. For example a collaborative community outreach project called "Well London Phase 2".

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 this.

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.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice, with the exception of child protection. This included arrangements to monitor and improve quality and identify risk.
- 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 percentage of patients with rheumatoid arthritis, on the register, who had had a face-to-face annual review in the preceding 12 months was 91% which was the same as CCG and national averages.
- The practice nurses provided home visits to deliver routine checks for older housebound patients with chronic diseases.
- The practice had a system to identify palliative care patients and reviewed them monthly at multidisciplinary meetings.

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.
- Performance for diabetes related indicators was comparable with the CCG and national averages over all at 86% compared to the CCG average of 87% and the national average of 89%
- The percentage of patients with hypertension having regular blood pressure tests was 86%, which was comparable with the CCG average of 84% and national average of 84%
- 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.

Good



Families, children and young people

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

Requires improvement



Summary of findings

- Information relating to child safeguarding was out of date and child protection systems were not sufficiently robust.
- Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 94% and five year olds from 88% to 96%.
- 73% of patients diagnosed with asthma, on the register had an asthma review in the last 12 months 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.
- 82% of women aged 25-64 had a cervical screening test within the last five years compared to 82% nationally.
- 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.

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 had identified that it had a high proportion of working age women on its list and hosted a weekly consultant led gynaecology clinic, provided contraceptive services such as oral contraceptives, depot injections and IUCD (coil) implantation and removal, and breast health awareness sessions on site.
- 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 hosted physiotherapy and consultant led musculoskeletal clinics once per week.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- 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, 81% of these patients had received an annual health check.
- 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. For example it referred homeless people and travellers to a local specialist service.
- 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.

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).

- 76% 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 the national average of 84%
- 2014-2015 data showed that performance for mental health related indicators was 75%, which was comparable to the CCG average at 87% and below the national average of 93%; however, 2015-2016 data showed the practice had improved and was performing in line with both local and national averages.
- 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.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations and had held a support group for men with mental health problems
- 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.

Good



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 with local and national averages. Four hundred and twelve forms were distributed and ninety four were returned. This represented 1% of the practice's patient list.

- 69% found it easy to get through to this surgery by phone compared to a CCG average of 61% and a national average of 73%.
- 80% were able to get an appointment to see or speak to someone the last time they tried (CCG average 76%, national average 85%).
- 72% described the overall experience of their GP surgery as fairly good or very good (CCG average 76%, national average 85%).

- 65% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 66%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards 24 of which were positive about the standard of care received. Patients said that staff were friendly and that they were treated with respect.

We spoke with ten patients during the inspection. All patients said they were happy with the care they received and thought staff were approachable, committed and caring. However; half of the patients said it was difficult to get through on the telephone, and three said their appointments were often delayed by between ten minutes and half an hour.

Areas for improvement

Action the service MUST take to improve

- Implement robust arrangements for child protection.

Action the service SHOULD take to improve

- Ensure that its child protection IT system and policy remain up to date and robust.
- Seek to understand and address low GP patient survey results of patients feeling treated with care and concern for both nurses and GPs.
- Engage with patients to understand and address difficulties in making an appointment.

- Look at how it can improve aspects of clinical performance for people experiencing poor mental health.
- Undertake quality improvement initiatives to monitor and improve outcomes for patients.
- Ensure all staff are appropriately trained in basic life support.
- Review the system for identifying patients who are carers.
- Consider how to ensure patients with a hearing disability can be communicated with.

Outstanding practice

The practice used proactive community outreach methods and worked closely with members of its community and other organisations to improve patient outcomes. For example, it had made a bid to the Greater London Authority (GLA) and received funding to participate in "Well London Phase 2" project in Stratford. Outcomes included practice based classes such as Yoga and British Sign Language, facilitation of groups such as a

men's mental health support group. The practice also helped patients and members of the local community bid for self-development funding so they in turn could deliver support and engagement sessions for others, such as personal development, flower arranging and IT skills. We saw some of the comments from patients describing the various benefits they had experienced as a result of the project; for example, greater skill in speaking and

Summary of findings

listening, feeling more confident, and improvements in general wellbeing. The practice also employed local young apprentices and engaged local volunteers to maximise the positive scope and impact of the scheme.

Stratford Village Surgery

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 manager specialist adviser, and a practice nurse specialist adviser.

Background to Stratford Village Surgery

The Stratford Village Surgery provides services to approximately 9,000 patients under a Personal Medical Services (PMS) contract.

The practice shares management and human resources teams with two other East London based practices. (i) Leytonstone Medical Centre, 157 Leytonstone Rd, London. E15 1LH and (ii) E12 Health, 1st Floor, The Centre, 30 Church Road, London, E12 6AQ. All three practices operate as part of the First 4 Health Group <http://www.first4healthgroup.co.uk/> and are situated within the NHS Newham Clinical Commissioning Group. They have separate lists of patients and are registered as separate locations with the Care Quality Commission.

The Stratford Village Surgery provides a full range of enhanced services including extended hours, sexual health, and child and travel immunisations including Yellow Fever. The practice is registered with the Care Quality Commission to carry on the regulated activities of Maternity and midwifery services, Family planning services, Treatment of disease, disorder or injury, and Diagnostic and screening procedures.

The staff team at the practice include three GP partners (one full time female working eight sessions per week, and two male (one working two sessions and the other one session per week), six salaried GPs, (five female, three working five sessions per week, one working seven sessions per week, and one working two sessions per week, and one male working seven sessions per week), two part time practice nurses both female (one working twenty two hours and the other working twenty two and a half hours per week), two female health care assistants (one working twenty hours per week and the other twelve hours per week), and a team of management, reception and administrative staff all working a mixture of full and part time hours. The practice has developed its IT systems to provide online and digital services for patients including via an app, it is part of a hub of practices providing integrated extended hours access for patients in Newham. The practice offices are mostly paperless.

The practice is located within a converted residential property and has four floors, including a basement area and lift access to upper floors. It is open between 8.00am to 6.30pm Monday to Friday. Appointments are from 9.00am to 11.50am and 1.00pm to 6.20pm daily. Extended hours are provided on site by the Newham GP Co-op and are available on Monday and Thursday from 6.30 to 8.30pm, and every Saturday from 9.00am to 1.00pm. In addition, pre-bookable appointments, home visits, telephone appointments, and urgent appointments are available for people that need them.

The practice is located in one of the most diverse and deprived areas in England. It has a lower percentage than the national average of people aged above 65 years (6% compared to 17% nationally). The average male and female life expectancy for the practice is 77 years for males

Detailed findings

(compared to 77 years within the Clinical Commissioning Group and 79 years nationally), and 81 years for females (compared to 82 years within the Clinical Commissioning Group and 83 years nationally).

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 20 April 2016. During our visit we:

- Spoke with a range of staff (GP partners, salaried GPs, practice nurse, health care assistant, communication and engagement officer, and management, 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 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, 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, we saw that an update from Public Health England regarding the Zika Virus had been circulated to staff.

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, the practice changed its induction process for locum GPs to include the process for two week wait cancer referrals after there had been a delay for a patient requiring an investigation. It also called to apologise to a patient who had received incorrect test results and arranged a follow up appointment for them.

Overview of safety systems and processes

The practice generally had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, information relating to child safeguarding was out of date and child protection systems were not sufficiently robust:

- Records showed that one child on the current child protection register had no update or review information since November 2013 and another since September 2014, and the IT referencing system to identify children on the protection register differed from that of the policy. The practice was initially unclear about how many children were on its child protection register. One child at risk had been discussed in a recent practice meeting but did not show up on the practice IT system under any of the references in use for child protection.

There was a lead member GP for safeguarding adults and another for safeguarding children. We discussed the child protection register and referencing systems with lead GPs and they told us the practice had repeatedly attempted to get up to date information from allied health and social care departments but had not received it to date. GPs told that they would request this information again and update and align policy and IT system child protection references for identifying children.

- Arrangements were in place to safeguard vulnerable adults from abuse. Policies for safeguarding both adults and children otherwise reflected legislation and local requirements and were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3 and Nurses to level 2. After inspection the practice sent us evidence it had contacted Social Services colleagues to request an update of its child protection register.
- There was no notice in the waiting room to advise patients that chaperones were available if required; however, notices were in the consultation rooms. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (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.
- The 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

Are services safe?

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 had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- 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, it did not identify local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was

checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure 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.
- All clinical staff had received annual basic life support training; non-clinical staff had also received this training, but not all within the last year. There were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit was available and an accident reporting page on the practices' computer system.
- 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 fit for use.
- 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. For example, to ensure best practice use of statins (a group of drugs which act to reduce levels of cholesterol in the blood) for patients atrial fibrillation (AF).

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 95% 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). Data from 1 April 2014 to 31 March 2015 showed the practice was an outlier for QOF clinical targets:

- The ratio of reported versus expected prevalence for Coronary Heart Disease (CHD). However; data showed that more than three quarters of its patients were under the age of 45 and would therefore be less likely to suffer from CHD.

Further data from 2014 - 2015 showed;

- Performance for diabetes related indicators was comparable with the CCG and national averages over all at 86% compared to the CCG average of 87% and the national average of 89%
- The percentage of patients with hypertension having regular blood pressure tests was 86%, which was comparable with the CCG average of 84% and national average of 84%

- Performance for mental health related indicators was 75%, which was comparable to the CCG average at 87% and below the national average of 93%. However, recent data showed the practice had improved and was performing in line with local and national averages. For example, 24 out of 22 patients with mental health problems had an agreed care plan which is 92%, and 22 out of 25 patients had a blood pressure recording which is 88%

Clinical audits demonstrated limited quality improvement.

- There had been five clinical audits completed in the last two years. One of these was a completed two cycle audit where the improvements made were implemented and monitored, for example to ensure patients with asthma were prescribed medicines in line with best practice guidelines.
- The practice participated in local audits, national benchmarking, and peer review within the local CCG cluster. Findings were used by the practice to improve services, for example to reduce its antibiotics prescribing for patients 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. 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 robust 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

Are services effective?

(for example, treatment is effective)

support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. 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.
- 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 and patients with a learning disability. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 82%, 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 94% and five year olds from 88% to 96%.

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.

Twenty four of the 25 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. All except one comment card 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 generally felt they were treated with compassion, dignity and respect. However, patient's feedback on being treated with care and concern was below national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 80% said the GP was good at listening to them which was comparable to the CCG average of 83% and national average of 89%.
- 75% said the GP gave them enough time (CCG average 79%, national average 87%).
- 88% said they had confidence and trust in the last GP they saw (CCG average 91%, national average 95%).
- 68% said the last GP they spoke to was good at treating them with care and concern which was comparable to the CCG average of 76%, but below the national average of 85%.

- 71% said the last nurse they spoke to was good at treating them with care and concern which was comparable to the CCG average of 80%, but below the national average of 91%.
- 82% said they found the receptionists at the practice helpful (CCG average 80%, national average 87%).

We discussed the GP patients' survey results with the lead nurse and partner G.P; they told us they would look further into the reasons for low scores on patients feeling treated with care and concern by both nurses and GPs.

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 generally responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line or better than local and national averages. For example:

- 70% said the last GP they saw was good at explaining tests and treatments which was similar to the CCG average of 79% and below the national average of 86%.
- 72% said the last GP they saw was good at involving them in decisions about their care (CCG average 74%, national average 82%).
- 76% said the last nurse they saw was good at involving them in decisions about their care (CCG average 77%, national average 85%).

Staff told us that interpreting 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 evidence that interpreting services had been booked for a patient.

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, for example for people with cancer and their relatives.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 276 carers which was 3% of the practice list. However, staff told us that a number of patients had wrongly identified themselves and they were in the process of correcting the 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, they would ask the GP to call and contact them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had identified that it had a high proportion of working age women on its list. In response, it hosted a weekly consultant led gynaecology clinic, provided contraceptive services such as oral contraceptives, depot injections and IUCD (coil) implantation and removal, and breast health awareness sessions on site.

- Appointments were available from 6.30 to 8.30pm on Mondays and Thursdays and from 9.00am to 1.00pm on Saturdays 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 for example Yellow Fever.
- There were disabled facilities and translation services available.
- There was no hearing loop but British Sign Language interpreting services were available and had been booked for patients.
- The practice had installed a lift to improve access.

There were innovative approaches to providing integrated person-centred care. For example, the practice told us it had made a bid to the Greater London Authority (GLA) to gain funding and take part in implementing the "Well London Phase 2" project in Stratford. The bid was successful and this was the first time the project had been commissioned directly within a CCG.

The practice released an associated newsletter and delivered a variety of health classes and events open to residents in the Stratford Village area, and free for their patients to attend. For example, British Sign Language training sessions, Yoga classes, "fruit Fridays" (patients received a free piece of fruit on leaving the surgery), a

Diabetes Improvement Plan (six week course for people with diabetes), and a support group for men with mental health problems took place at the practice during 2014 and up to March 2015.

The practice also took on young apprentices and members of the local community had volunteered to support the project. Additionally, "Personal support packages" were available which offered funding to patients and local residents to gain a new skill they could use to "pay back" within the local community. Staff told us 14 local people were funded and were able to deliver classes such as art, cisco networks, personal development and flower arranging. Staff told us that 776 people in total participated in the scheme, and 122 of them were patients at the practice. The communication and engagement officer told us following the success of Well London 2 the practice was currently preparing a further joint bid to participate in "Well London Phase 3"

Access to the service

The practice was open between 8.00am to 6.30pm Monday to Friday. Appointments were from 9.00am to 11.50am and 1.00pm to 6.20pm daily. Extended hours were available on Monday and Thursday from 6.30 to 9.00pm and every Saturday from 9.00am to 1.00pm. Extended hours appointments were offered from 6.30 to 8.30pm Monday and Thursday evenings and every Saturday from 9.00am to 1.00pm. In addition, pre-bookable appointments, home visits, telephone appointments, and urgent appointments are available for people that need them.

Five of the ten patients we spoke to on the day of the inspection told us that it was difficult to get an appointment, and three told us that appointments were often delayed.

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

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 69% patients said they could get through easily to the surgery by phone (CCG average 61%, national average 73%).

Are services responsive to people's needs?

(for example, to feedback?)

- 49% patients said they always or almost always see or speak to the GP they prefer (CCG average 47%, national average 59%).

We discussed patient access with the PPG, they told us that over all patients were satisfied and the practice had improved its telephone system to ensure calls are answered quickly.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, for example there was a complaints poster in the reception area.

We looked at four complaints received in the last 12 months and found these were dealt with satisfactorily in a timely way, and with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, the practice had changed its appointments system following a complaint from a working aged patient to hold some priority appointments for working patients on Saturdays.

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 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.
- Clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, with the exception of child protection.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they 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. For example, the practice called to apologise to a patient who had received incorrect test results and arranged a follow up appointment for them.

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. A team away day took place in 2015 and regular social events also took place.
- 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. 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 had improved telephone access in response to a patient survey by upgrading their telephone system and recruiting extra staff to answer calls.

- The practice had gathered feedback from staff through staff away days, staff meetings, appraisals and generally through discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and they felt involved and engaged to improve how the practice was run. For example, staff suggested displaying a list of charges of private services in the reception area following a large number of patient enquiries, and this was acted upon.

Are services well-led?

Good 

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

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,

it had delivered a variety of health promotion and self-development initiatives in consultation and partnership with the local community as part of the “Well London Phase 2” project in Stratford.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

| Regulated activity | Regulation |
|---|--|
| Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury | Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment How the regulation was not being met: The registered person did not ensure robust arrangements for child protection. This was in breach of regulation 13(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. |