

Market Street Health Group

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



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 Market Street Health Group on 10 October 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Improvements were required in the assessment and management of risks to patients.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

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

The areas where the provider must make improvement are:

- Take appropriate steps to address issues around cleanliness and hygiene at the practice.

Summary of findings

- Ensure patient group directions (PGDs) which allow nurses to administer medicines in line with legislation are up to date.
- Review its levels of and processes for exception reporting and take all necessary steps to improve outcomes for patients.
- Ensure a safe and clear procedure is in place for patients to follow when providing samples.
- Ensure notices are in place to inform patients about translation/interpreting services available.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

The areas where the provider should make improvement are:

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 clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse, however not all process kept patients safe.
- Risks to patients were not always assessed and well managed, for example around infection control.
- 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.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with local and national averages. However some of the practice's levels of exception reporting were high, specifically for patients with diabetes and mental health concerns. There were also irregularities with the coding of patients with certain conditions such as osteoporosis.
- 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.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with others for several aspects of care.

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. The practice was involved in the proactive screening and reviewing of patients with suspected COPD, atrial fibrillation (irregular heartbeat) and latent TB.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. However, these could be improved upon. Specific examples relate to issues around infection control, arrangements to allow nurses to administer medicines and chronic disease management.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for 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 requires improvement for the care of older people. The provider was rated as requires improvement for safe and effective. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice saw patients at two local nursing homes and one residential care home. They ran one session a week at each of the nursing homes.
- They worked collaboratively with the local pharmacists to prepare dosset boxes as necessary, warfarin monitoring for housebound patients and delivery of urgent medications to patients.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as requires improvement for safe and effective. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Quality and Outcomes Framework (QOF) performance in 2014/15 for diabetes related indicators was 100% which was in line with the CCG average of 86% and the national average of 90%. However the practice's rate of exception reporting for diabetes was 16%.
- Patients were referred to diabetes education and management programmes such as DAFNE (Dose Adjustment for Normal Eating) and DESMOND (Education and Self Management for Ongoing and Diagnosed).
- Longer appointments and home visits were available when needed.

Requires improvement



Summary of findings

- All these patients had a named GP however structured annual reviews to check their health and medicines needs were being met were not always carried out for all of these patients. 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 provided in-house spirometry and phlebotomy services.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement for safe and effective. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 88% which was comparable to the CCG average of 80% and the national average of 84%.
- 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, health visitors and school nurses.
- New mothers requiring support with feeding their babies were able to see a health visitor who held clinics at the practice twice a month.
- The practice was aware of risk of FGM, particularly before holiday periods and followed appropriate guidelines for recording and reporting using a template.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). The provider was rated as requires improvement for safe and effective. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

Requires improvement



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.
- Appointments were available on Saturday mornings and after 6.30pm at the extended hours service.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement for safe and effective. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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.
- Homeless patients were able to use the practice address for correspondence. They were also directed to a local GP service specifically set up to meet the needs of homeless patients.
- 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.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for safe and effective. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

Requires improvement



Summary of findings

- 84% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the CCG and national average of 84%.
- 97% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months (01/04/2014 to 31/03/2015), which is comparable to the CCG average of 93% and the CCG average of 90%.
- 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.
- A “Mindfulness” group met regularly at the practice as did a cognitive behavioural therapy (CBT) counsellor.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. 302 survey forms were distributed and 108 were returned. This represented 36% of the practice's patient list.

- 50% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 75% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 78% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 71% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 48 comment cards most of which were positive about the standard of care received.

Respondents commented about the high standard of care and treatment they received, particularly from the practice nurse. They also said they found staff to be polite and professional. A couple patients commented on poor hygiene standards, particularly in the toilets.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Results of the most recent friends and families test showed 72% of patients would recommend this practice.

Market Street Health Group

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice nurse specialist adviser.

Background to Market Street Health Group

Market Street Health Group is a GP practice located in the town of East Ham, in the east of London. East Ham is in the London Borough of Newham and the practice is part of Newham Clinical Commissioning Group (CCG). The practice provides GP services to around 12641 patients under a PMS contract with NHS England. The practice is based in a modern, purpose built building in a residential area. The area is well served by public transport links and there is limited parking on surrounding streets.

Newham's population is one of the most ethnically diverse in London. In 2011, 17% of residents were recorded as being white (British). 14% were of Indian origin, 12% African, 12% Bangladeshi, 10% Pakistani and 6% of other Asian background. Newham residents have lower life expectancy and higher rates of premature mortality than other Boroughs in London and the average for England as a whole. The main causes of death in Newham are cardiovascular disease, cancer and respiratory disease and the levels of diabetes are among the highest in the country. Newham is the third most deprived local authority area in England. The area has a higher percentage than national

average of people whose working status is unemployed (13% compared to 5% nationally) and a lower percentage of people over 65 years of age (7% compared to 17% nationally).

The practice profile shows the practice has a higher than average number of patients aged from zero to 44 years and a lower than average number of patients aged over 55 years. At 79 years for males and 83 years for females, the average life expectancy of people in the locality was similar to the CCG and national averages of 77 and 79 years for males and 82 and 83 years for females. The practice locality lies within the second most deprived decile (out of ten) on the deprivation scale.

The practice staff includes five GP partners (three male, two female), two salaried GPs (female) and two GP registrars (one male, one female). The total number of GP clinical sessions is 72 per week. There are also three practice nurses (one trainee, 21 sessions in total), one healthcare assistant (10 sessions) and a clinical pharmacist (10 sessions). The non-clinical team consisted of a practice manager and twenty three other members of staff including receptionists, administrative staff and a care taker. The practice is a teaching practice for medical students.

The practice is open from 8am to 6.30pm Monday to Friday and 9am to 1pm on Saturday (extended hours). Surgery times vary by practitioner but are generally between 8.30am and 6.30pm with a break between 11am and 3.30pm. Out of hours services are provided by a local GP hub which consists of 10 practices including this one. This extended hours service is operated from Market Street Health Group on Saturdays from 9am to 1pm.

Market Street Health Group is registered with the Care Quality Commission to provide the regulated activities of

Detailed findings

Surgical procedures; Maternity and midwifery services; Treatment of disease, disorder or injury; Diagnostic and screening procedures from 52 Market Street, London, E6 2RA.

The practice was not inspected under the previous inspection regime.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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 10 October 2016.

During our visit we:

- Spoke with a range of staff including GPs, nurse, practice manager and non-clinical staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

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, it had been noted that results had not been received for a patient who had been referred for various tests. The patient's home address was also unclear. Following the investigation it was highlighted that GPs should always check home address and contact details when doing referrals. Also where a cancer referral is made, GPs must send a task to the secretaries to chase the letter.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse, however not all process kept patients safe.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly

outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Children on the child protection register and vulnerable adults were discussed at monthly multi disciplinary meetings. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Nurses were trained to level 2 and non-clinical staff to level 1.

- 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).
- We had concerns about the standards of cleanliness and hygiene at the practice. Immediately on entering the main reception area of the practice we noted the lino flooring was stained and visibly dirty. The carpet leading to the clinical rooms was well worn and visibly dirty with dried in stains. We raised this with the caretaker who told us the carpets were shampooed every three months and the lino had been deep cleaned three months prior to our inspection.
- We saw the room where cleaning equipment and fluids were stored. This was in a locked room which also doubled as a maintenance room. The room itself appeared dirty and cluttered. We were shown the mops used for cleaning the floors. These appeared to be old and dirty although we were told they had been changed the previous week. We found several areas were dusty including the skirting boards and the blood pressure monitor in reception. We also saw that the sinks appeared dirty in particular around the drain holes. There was a cleaning schedule however these were destroyed at the end of each month so were unable to verify if the cleaning described had taken place.
- We saw large potted plants in the reception area. The pots were stained and dirty and had broken sides which

Are services safe?

could present a risk to patient safety. We were told there had previously been more plants but following a previous infection control audit in August 2015 they had removed some of them but two had remained.

- The infection control audit had identified taps and plugs that needed to be changed. This was due to have been completed by May 2016 but had not yet been done.
- We noted a urine sample with patient's details left in one of the patient's toilet. This was in a sealed container and bag, however it was left unsecured in the toilet where it posed a potential risk to patient's health and safety. We raised this with the practice nurse and manager who explained the sample should have been pushed through a flap in the wall by the patient, not left on the ledge. There were no written instructions in the toilet advising patients about this.
- 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. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. He/she received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGD) 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. However we noted five PGDs for one of the nurses were out of date. The nurse had signed old copies. For example one PGD had been signed dated 11 April 2016 but had expired on 31 March 2016.
- Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber. A PSD

is the traditional written instruction, signed by a prescriber for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis.

- In addition to a number of files we checked for records of training and appraisals we reviewed two personnel files in detail. We found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. The practice had contracts with companies to ensure the regular maintenance of fire equipment and security. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

Are services safe?

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. These were checked monthly. 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. The practice was able to occupy some space within the local hospital should their premises become unusable.

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. Regular education meetings took place between the clinical staff where updates were communicated and shared. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice had identified leads for each clinical area who were responsible for ensuring any updates were shared with the others.

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 99% of the total number of points available with an exception rate of 13% (CCG average 6%, national average 8%). (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).

We explored the issue of the higher than average rate of exception reporting with the practice and looked at examples of patient records. We were told the patients exception reported were either nursing home patients, type 1 diabetic patients or patients who were not able to achieve the required targets because they were on maximum tolerated medication and did not wish for further optimisation.

In relation to the patients in the nursing home, we saw instances where reviews such as diabetic foot checks for

example, were recorded on body charts at the home but not on EMIS (the practice's clinical records system). There were instances where patients were subsequently exception reported however the reviews had in fact been done. Where patients could not engage in the review due to their health condition, they were also exception reported.

We were told type 1 diabetic patients were exception reported as the practice's view was that these patients were being managed by the hospital. It was explained to the practice that this was not effective management or monitoring of these patients as if they failed to attend at hospital for their reviews, there may be no follow up.

We were also told that some patients travelled abroad for long periods of time and then missed reviews for that reason. These patients were also likely to be exception reported. Whilst this was known to be a regular occurrence, no processes were put in place to support these patients to have their reviews done when they were in the country. Patients who did not respond after three reminder letters were exception reported.

Data we received prior to the inspection showed an exception reporting rate for mental health related indicators of 29% (CCG average 7%, national average 13%) out of a total number of 78 patients. Following the inspection the practice told us the actual number of relevant patients on their register for the relevant period was 164 and that of those only two were exception reported (3%). Published figures (April 2015 to March 2016) showed some improvement in the mental health domain from the previous year. For example the only mental health area where the practice's performance was significantly below the performance of the CCG and the national averages prior to exception reporting was those with a care plan documented (7-8% below) but then with a 25% exception rate (CCG average 8%, national average 13%).

We had also noted that in relation to osteoporosis, data showed an exception reporting rate of 0% (CCG and national average 13%). We queried this as the practice had a number of patients at nursing and care homes who may have had this condition. Following the inspection the practice confirmed they had investigated and the QOF register showed only three patients on the relevant register, which was incorrect. We were told it appeared not all patients with this condition had been correctly coded for the QOF register and they had since identified 14 patients in total.

Are services effective?

(for example, treatment is effective)

Data from April 2014 to March 2015 showed:

- At 100% performance for diabetes related indicators was better than the CCG average of 86% and the national average of 89%. However 16% of patients with that condition had been exception reported.
- At 100% performance for mental health related indicators was better than the CCG average of 87% and the national average of 83%. However 29% of patients with that condition had been exception reported.
- At 67% performance for osteoporosis related indicators was better than the CCG average of 39% but below the national average of 82%. However, not all patients with this condition had been included on the register.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice had become aware, through audit, that it was failing to reduce its prescribing of antibiotics in line with national and local guidelines. Due to the increased risk of drug resistant infections it was recommended that broad-spectrum antibiotics should be avoided where possible. As a result, the practice set out guidelines for the prescribing of these antibiotics in order to reduce its prescription rate. The first cycle was conducted in June to September 2014 and the second in November 2015 to February 2016. In the first cycle the overall number of prescriptions for one specific antibiotic was 156. Following intervention which included better education around this issue and the setting of practice guidelines the number reduced by 55% to 69 at the second cycle.

Information about patients' outcomes was used to make improvements. For example, following an update in NICE guidelines about the use of statins in patients with chronic kidney disease, the practice had increased its proportion of patients with CKD who were on statins to fall within the

required range (more than 85% of CKD patients should be on a specific type of statin). The practice had increased its proportion of patients from 81% to 87% from September 2015 to June 2016.

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. Examples included training in diabetes, ear syringing and spirometry.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules 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.

Are services effective?

(for example, treatment is effective)

- 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. This included meetings with the multi disciplinary care team and primary healthcare team which included social workers, health visitors, community mental health team, palliative care team and district nurses. Patients who regularly attended A&E were kept on a register and discussed at monthly meetings.

The practice took part in Coordinate my Care (CMC). This is a NHS clinical service sharing information between patients' healthcare providers, coordinating care, and recording wishes of how they would like to be cared for. 58 of the practice's patients had CMC care plans in place. CMC ensured patients' personalised urgent care plan was readily available to all parties involved in their care. The practice also worked with Community Care Navigators who worked to facilitate integrated working across the Extended Primary Care Teams, GP's and other stakeholders.

Consent to care and treatment

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

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

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 and smoking and alcohol cessation. Patients were signposted to the relevant service.
- Patients were given general advice about diet and could be referred to a dietician where necessary. Patients were referred to a local pharmacy for smoking cessation advice.
- New mothers requiring support with feeding their babies were able to see a health visitor who held clinics at the practice twice a month.
- One of the GPs ran a joint clinic with a local drug advisory service at the practice. Patients were seen quarterly by the GP and weekly by the drug adviser at the practice.
- Patients were referred to diabetes education and management programmes such as DAFNE (Dose Adjustment for Normal Eating) and DESMOND (Diabetes Education and Self Management for Ongoing and Diagnosed).
- The practice was involved in the Newham Community Prescription programme. Under this programme patients who had been identified by their GP as being at risk of developing certain conditions such as diabetes were offered a wide range of free activities run by local groups to encourage them to be more active. Examples included gym prescriptions, gardening and joining walking groups.
- A "Mindfulness" group met regularly at the practice as did a cognitive behavioural therapy (CBT) counsellor. A community psychiatric nurse held a clinic at the practice every two months.

The practice's uptake for the cervical screening programme was 88%, which was in line with the CCG average of 81% and the national average of 84%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There

Supporting patients to live healthier lives

Are services effective?

(for example, treatment is effective)

were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to

under two year olds ranged from 23% to 92% (CCG average 24% to 94%, national average 73% to 95%) and five year olds from 71% to 96% (CCG average 75% to 95%, national average 83% to 95%).

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.

All of the 48 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 (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. One member commented on measures that could be put in place to improve access for visually impaired patients. The practice manager was aware and told us this matter was under consideration. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 82% and the national average of 89%.
- 80% of patients said the GP gave them enough time compared to the CCG average of 78% and the national average of 87%.

- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 95%.
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 77% and the national average of 85%.
- 76% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75% and the national average of 82%.
- 71% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 85%.

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

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.
- A hearing loop was available at reception.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. Patients were asked at registration if they had any caring responsibilities and we appropriately coded on the computer records system. The practice had identified 193 patients as carers (2% 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 them and if required this was 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. The practice was aware of local health priorities which included diabetes, chronic obstructive pulmonary disease (COPD) and heart failure. The practice was involved in the proactive screening and reviewing of patients with suspected COPD and atrial fibrillation (irregular heartbeat). They were also involved in the Completion and Acceptability of Treatment Across Primary Care and the community for Latent Tuberculosis (CATAPULT) trial which involved the identification and management within primary care of latent TB infection in new arrivals to the country.

- The practice offered 8am appointments on Tuesday and Friday which could suit working patients. Appointments were also available on Saturday at 9am to 1pm as well as at ten other local practices between 6.30 and 9pm daily (apart from Sundays).
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- One member of staff was able to communicate with sign language. Letters had been sent to patients who were hearing impaired asking them to complete a survey about access to the practice.
- The practice had a digital screen which displayed the name of the next patient to be seen. There were two automatic check in machines at reception so patients did not have to queue at the desk to alert staff to their presence.

- The practice was able to access various interpreters/ translators from the local "Language Shop" service which included sign language, braille and a wide range of international languages.
- Where appropriate the practice was able to deploy the Rapid Response Team to attend to patients in their homes. Rapid Response is a service that is focused on preventing avoidable admissions to hospital and will reach eligible patients within two hours. These patients usually already had care plans in place and the GP could assess whether the RRT was suitable or if a GP needed to attend.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday and 9am to 1pm on Saturday (extended hours). Surgery times varied by practitioner but were generally between 8.30am and 6.30pm with a break between 11am and 3.30pm. Out of hours services were provided by a local GP hub which consisted of 10 practices including this one. This extended hours service was operated from Market Street Health Group on Saturdays from 9am to 1pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.
- 50% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and the national average of 73%.

The practice had carried out a patient survey in June 2016 which had identified the main areas of patient dissatisfaction centred around getting appointments and getting through to the practice by telephone. To address these issues the practice was in the process of upgrading its telephone system to increase the number of lines. This was being done in preparation for a new telephone triage system. Under this system all initial contacts with GPs would be by telephone. If clinically necessary a face to face appointment would be booked for the same day. At the time of our inspection the practice was consulting with patients and the patient participation group (PPG) about

Are services responsive to people's needs?

(for example, to feedback?)

the best way to introduce this system. The practice planned to repeat the patient survey following the implementation of the new system. The practice also encouraged patients to book and cancel appointments online to relieve pressure on the phone lines.

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

The practice had a system in place to assess:

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

Patients were asked to contact the practice by 9am to request a home visit. The GP then telephoned the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We looked at 21 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency in dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to improve the quality of care. For example, one complaint related to a patient whose doctor's letter was not available when they attended to collect it, despite being previously informed by telephone that it was ready. The patient was told by receptionists to come back at a later time. An investigation concluded that the receptionist should have been more helpful and should have tried to get the letter from the GP in between appointments. Staff who answered the phones were also reminded to send a message via the computer system to alert receptionists at the front desk when patients were coming in to collect letters.

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.
- The practice had an understanding of its performance, however this required improvement, specifically in relation to safety and management of patients with long term conditions.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, however these could be improved upon. Specific examples relate to issues around infection control, arrangements to allow nurses to administer medicines and chronic disease management.

Leadership and culture

On the day of inspection the partners told us they prioritised safe, high quality and compassionate care. We did see some evidence of this during our inspection, however we also identified concerns around safety and effectiveness of patient care. Staff told us the partners were approachable and always took the time to listen to all members of staff. The practice was a teaching practice for

medical students and participated in apprenticeship programmes. They were in the process of training a practice nurse and supporting a clinical pharmacist under NHS England pilot scheme. One of the healthcare assistants had previously been a receptionist. They had been encouraged by the partners to train for this extended role.

The practice manager was a member of the practice manager forum and was the practice manager representative on the Clinical Commissioning Group (CCG) board.

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. Clinical meetings were held fortnightly.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted the practice team met regularly for celebrations and away days. For example the partners had taken the team to Dublin in the summer.
- 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.

Are services well-led?

Good 

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

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.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, following feedback from receptionist staff the practice had recruited a reception

manager to oversee the variety of non-clinical tasks that had to be completed and ensure the work was distributed in a fair and manageable way. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was involved in the Clinical Pharmacists in General Practice pilot. Under this scheme clinical pharmacists worked as part of the general practice team to resolve day to day medicine issues and consult with and treat patients directly. It was hoped this extra resource would help GPs to better manage demands on their time and release them to deal with patients with more complex conditions.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users by failing to:</p> <ul style="list-style-type: none">• Ensure patients with long term conditions such as diabetes and mental illness received appropriate care and treatment by taking all reasonable steps to ensure these patients were effectively reviewed and supported.• Take appropriate steps to maintain cleanliness and good hygiene at the practice.• Ensure patient group directions (PGDs) which allow nurses to administer medicines in line with legislation are up to date. <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>