Dr SKS Swedan & Partner

Quality Report

Lord Lister Health Centre
121 Woodgrange Road
Forest Gate
London
E7 0EP
Tel: 0208 250 7530
Website: https://www.drswedanandpartner.co.uk/

Date of inspection visit: 21 November 2017
Date of publication: 09/01/2018

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?	Good
Are services caring?	Requires improvement
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Requires improvement

Summary of findings

Contents

Summary of this inspection

Page

Overall summary 2

The six population groups and what we found 4

Detailed findings from this inspection

Our inspection team 5

Background to Dr SKS Swedan & Partner 5

Detailed findings 6

Action we have told the provider to take 18

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Requires Improvement.
(Previous inspection 23 January 2017– Inadequate)

The key questions are rated as:

Are services safe? –Requires Improvement

Are services effective? – Good

Are services caring? – Requires Improvement

Are services responsive? –Requires Improvement

Are services well-led? –Requires Improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Requires Improvement

People with long-term conditions – Requires Improvement

Families, children and young people – Requires Improvement

Working age people (including those recently retired and students – Requires Improvement

People whose circumstances may make them vulnerable – Requires Improvement

People experiencing poor mental health (including people with dementia) – Requires Improvement

We carried out an announced inspection at Dr SKS Swedan and Partner on 21 November 2017. This was a comprehensive inspection 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 been placed in special measures following an inspection on 23 January 2017. Following the inspection the practice were served with a warning notice for Regulation 17. A further follow up inspection to the warning notice was carried out on 15 September 2017 to check that the practice were meeting the requirements of the warning notice. That inspection found that the practice had met all the requirements of the warning notice.

At this inspection we found:

- The practice had not followed their systems to manage risk so that safety incidents were less likely to happen.

Summary of findings

- The partners at the practice had previously been in dispute .During this inspection they demonstrated that they were working to resolve their differences and had the British Medical Association (BMA) mediating and supporting them.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was now a focus on continuous learning and improvement at all levels of the organisation.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Results from the national GP patient survey showed patients had responded not so positively for responses related to being treated with compassion, dignity and respect. These scores had reduced since our last inspection. The practice had implemented some changes but were still to address the majority of concerns.

The areas where the provider must make improvements are:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider should make improvements are:

- Maintain adequate staffing for the provision of a safe service.
- Maintain the current effective working arrangements between the GP Partners.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

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

Dr SKS Swedan & Partner

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 an expert by experience.

Background to Dr SKS Swedan & Partner

Dr SKS Swedan & Partner is situated within the Newham Clinical Commissioning Group (CCG). The practice provides services under a General Medical Services (GMS) contract to approximately 3,000 patients. The practice provides a full range of enhanced services including, child and travel vaccines and minor surgery.

The practice has two part-time female GP partners providing between seven and nine sessions per week, one male locum GP one session per week, a part-time locum female practice nurse working 12 hours over three session per week, an interim practice manager working three days per week who had been in post from July 2017, an assistant practice manager and administrative staff all working a mixture of part-time hours.

Regulated activities are delivered to the patient population from the following address:

Lord Lister Health Centre

121 Woodgrange Road

Forest Gate

London

E7 0EP

Tel: 0208 250 7530

The practice has a website that contains comprehensive information about what they do to support their patient population and the in house and online services offered:

www.http:https://www.drswedanandpartner.co.uk/

The age profile of the practice population is broadly in line with the CCG averages. Information taken from Public Health England placed the area in which the practice is located in the third less deprived decile (from a possible range of between 1 and 10). In general, people living in more deprived areas tend to have greater need for health services.

Requires improvement

Are services safe?

Our findings

At our previous inspection on 23 January 2017, we rated the practice as inadequate for providing safe services as the arrangements in respect of safety systems or processes relating to a fail-safe system for managing cervical screening, appropriate employment checks and Infection Prevention and Control (IPC) were inadequate. We served the practice with a Warning Notice for Regulation 17. On 15 September 2017, we undertook a follow -up visit to check that they had met the requirements of the warning notice. During the inspection on 15 September 2017 we found the practice had made improvements. On 21 November 2017 we undertook a further follow-up comprehensive inspection. We found that the practice were maintaining improvements, however we identified a further concern regarding the risk assessments for an employee.

The practice is now rated as requires improvement for safe services.

Safety systems and processes

- The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required.(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).
- However the practice had failed to risk assess an employee's suitability for their role. An incident had occurred at the practice in May 2017, between a member of staff employed at the practice and someone visiting the practice.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety. However prior to our inspection, there had been an instance when the practice had failed to deliver care to patients for a two hour period due to lack of staffing. The practice explained that they had assessed the risk and made a decision not to book patients that afternoon. They explained that one of the GPs was contactable via telephone. We saw that the practice had made a risk log of this with actions identified on the lessons learnt from this incident.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

Requires improvement

Are services safe?

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

- The practice did not always carry out a comprehensive risk assessments in relation to safety issues. We found that the practice had not carried out a risk assessment to ascertain a staff members role at the practice.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- Though there was a system for reviewing and investigating when things went wrong, this was not always followed. There had been an incident that occurred at the practice in May 2017. This incident had not been fully investigated. When we spoke to the practice they explained that this incident had occurred when they did not have a practice manager in place .The practice recognised that the incident should have been dealt with according to their policy. We saw that the practice had since taken action and developed polices to ensure the incident would not re-occur.
- The practice learned, shared lessons, identified themes and took action to improve safety in the practice. For example the practice had reviewed their policy following an incident were a patient had been administered with more than the required dosage of the vitamin B12 injection.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Good

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 23 January 2016, we rated the practice as good for providing effective services. The practice is still rated as good for providing effective services.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The average daily quantity of Hypnotics (a sleep-inducing drug) prescribed (practice 0.05) was below other practices in the CCG average of 0.88 and nationally of 1.01. The practice recognised that it was an outlier in this prescribing and attributed this largely to their population group.
- The number of antibacterial prescription items prescribed per (practice 0.65) was comparable to other practices in the CCG and nationally.
- The percentage of antibiotic items prescribed that were Cephalosporins or Quinolones (practice 3%) was comparable to other practices in the CCG and nationally.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the three Royal College of Physicians (RCP) questions was 76% (CCG 76%, National 76%).
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 78% (CCG 81%, National 83%).
- The percentage of patients with Chronic Obstructive Pulmonary Disease who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months 01/04/2015 to 31/03/2016) was 100% (CCG 87%, National 90%).
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 92% (CCG 85%, National 83%).
- The percentage of patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy in the preceding 12months (01/04/2015 to 31/03/2016) 100% (CCG 86%, National 87%).

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

Working age people (including those recently retired and students):

Good

Are services effective?

(for example, treatment is effective)

- The practice's uptake for cervical screening was 76%, which was in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

People experiencing poor mental health (including people with dementia):

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was above the CCG average of 81% and the national average of 83%.
- 100% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was above the CCG average of 84% and the national average of 89%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 89%; CCG 89%; national 89%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 96%; CCG 96%; national 95%).

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

The most recent published Quality Outcome Framework (QOF) results were 89% of the total number of points available compared with the clinical commissioning group (CCG) average of 93% and national average of 95%. The overall exception reporting rate was 7% compared with a national average of 11%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.) The practice was not an outlier for any indicators.

- The practice was actively involved in quality improvement activity. For example audits had identified that all patients on high risk medicines were receiving shared care and that all the appropriate checks were being made.

Effective staffing

- Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable. We saw that recent action had been taken in managing staffs poor performance.

Good

Are services effective?

(for example, treatment is effective)

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Percentage of new cancer cases (among patients registered at the practice) who were referred using the urgent two week wait referral pathway (practice 50%) was comparable to other practices in the CCG 52% and nationally 50%.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Requires improvement

Are services caring?

Our findings

At our previous inspection on 23 January 2017, we rated the practice as good for providing caring services. The practice is rated as requires improvement due to the low scores from the GP July 2017 national survey results for providing caring services. Kindness, respect and compassion.

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We received 40 patient Care Quality Commission comment cards. Thirty eight of these were positive about the service experienced. The three comment cards with negative feedback all mentioned different issues; one patient commented onthe attitude of the locum GP whom they found unfriendly, another patient reported an improved attitude with reception staff but still wanted more improvements and lastly another patient reported waiting times of a week for routine appointments. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed some patients felt they were not treated with compassion, dignity and respect. Three hundred and seventy-nine surveys were sent out and 70 were returned. This represented 18% of the survey group and 2% of the practice list size. The practice was generally comparable with local and national averages for its satisfaction scores for nurses. Consultations scores with GPs had reduced since our last inspection. For example:

- 69% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 78% and the national average of 89%. This showed a decrease from 81% for this indicator.
- 67% of patients who responded said the GP gave them enough time; CCG 78%; national average 86%. This showed a decrease from 78% for this indicator.
- 86% of patients who responded said they had confidence and trust in the last GP they saw; CCG 91%; national average 95%. This showed a decrease from 91% for this indicator.
- 71% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG 77%; national average 86%. This showed a decrease from 76% for this indicator.
- 83% of patients who responded said the nurse was good at listening to them; CCG 83%; national average 91%.
- 88% of patients who responded said the nurse gave them enough time; CCG 83%; national average 91%.
- 79% of patients who responded said they had confidence and trust in the last nurse they saw; CCG 81%; national average 97%.
- 95% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG 92%; national average 97%.
- 65% of patients who responded said they found the receptionists at the practice helpful; CCG 78%; national average 87%. This showed a decrease from 81% for this indicator.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.

Requires improvement

Are services caring?

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. They did this through their electronic computer system. The practice had identified the need to get a staff member as lead for carers and they were to be offered training. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 78 patients as carers (over 2% of the practice list).

- Staff told us that if families had experienced bereavement, their usual GP contacted them and all staff in the practice were notified of this. This call was either followed by a patient consultation at a flexible time and location to meet the to meet the family's needs or by giving them advice on how to find a support service.

Results from the national GP patient survey showed some patients had not responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were generally below local and national averages for consultations with GPs but above average for most consultations with nurses:

- 61% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 79% and the national average of 86%. This showed a decrease from 82% for this indicator.
- 59% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG 74%; national average 82%. This showed a decrease from 73% for this indicator.
- 82% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG 81%; national average 90%.
- 71% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG 77%; national average 85%. This showed a decrease from 77% for this indicator.

The practice were aware of the low scores and results of this survey were being discussed formally with the patient participation group (PPG) to find ideas on making improvements.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 23 January 2017, we rated the practice as requires improvement for providing responsive services as results from the national GP patient survey relating to patients access were below local and national averages and effective actions to continually evaluate and improve services had not been taken.

These arrangements had not improved when we undertook a follow up inspection on 21 November 2017 with some patient scores reducing further. However we saw that the practice had introduced some measures for improvement.

The practice is still rated as requires improvement for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. (For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, home visits by GPs and were undertaken for those housebound patients.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice's opening hours were 8.30am to 6.30pm every weekday except Thursday when it opened from 8.30am to1pm, and its doors and telephone lines remained open

  throughout those periods.

  GP appointments were available:

  - Monday and Wednesday 8.30am to 12pm and 4pm to 6pm
  - Tuesday and Friday 9am to 12.30pm and 4pm to 6pm
  - Thursday 9am to12.30pm
  - Patients requiring a GP outside of normal working hours were advised to contact the surgery and they would be directed to the local out of hours service which was provided by NHS 111. Additionally patients could access extended GP services in the evening and weekends which were available through the Newham GP Co-op service.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Working age people (including those recently retired and students):

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments through the Newham GP Co-op service.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice held a register of patients living in vulnerable circumstances including, travellers and those with a learning disability.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

Timely access to the service

Patients we spoke told us they were able to access care and treatment from the practice within an acceptable timescale for their needs. However the responses from the GP national patient survey were low relating to access.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was below local and national averages. The practice were aware of this. They explained to us some of the difficulties they were facing trying to change the telephone facilities at the centre. The practice had also introduced a strict policy for reception to ensure the phone was answered promptly. We saw that this was being audited to maintain improvements as all calls were being answered within three rings.

- 59% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%. This showed a decrease from 70% for this indicator.
- 48% of patients who responded said they could get through easily to the practice by phone; CCG – 56%; national average - 71%. This showed a decrease from 60% for this indicator.
- 69% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 73%; national average - 84%.
- 56% of patients who responded said their last appointment was convenient; CCG - 67%; national average - 81%.
- 51% of patients who responded described their experience of making an appointment as good; CCG - 62%; national average - 73%.
- 40% of patients who responded said they don't normally have to wait too long to be seen; CCG - 41%; national average - 58%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Four complaints were received in the last year. We reviewed three complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example staff at the practice were receiving customer service training as a result of feedback from patients.

Are services well-led?

Requires improvement

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

Our findings

At our previous inspection on 23 January 2017, we rated the practice as inadequate for providing well led services as the arrangements in respect of staffing and governance were inadequate. We served the practice with a Warning Notice for Regulation 17. On 15 September 2017, we undertook a follow-up visit to check that they had met the requirements of the warning notice. During the inspection on 15 September 2017 we found the practice had made improvements. On 21 November 2017 we undertook a further follow-up comprehensive inspection. We identified a significant improvement in the partnership working between the leadership team; however we identified a concern regarding the investigation of a significant event at the practice.

The practice is now rated as requires improvement for well led.

Leadership capacity and capability

Our previous full comprehensive inspection found concerns with the leadership of the practice. The leadership team did not consistently demonstrate they had the experience, capacity and capability to run the practice and ensure high quality care.

During this inspection we found the practice had made improvements .This had been facilitated by the practice employing an interim practice manager. We saw that the interim practice manager had implemented new ways of working which were providing some direction for the practice. The partners at the practice were also in mediation with the BMA to resolve long standing disputes which had made leadership at the practice to be ineffective.

Vision and strategy

The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

Culture

- Staff stated they felt respected, supported and valued. They were proud to work in the practice. All staff we spoke with expressed that they now enjoyed working at the practice. They attributed this to the improved relations between the partners and they also recognised the changes the interim manager was introducing and as a result felt valued.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular appraisals. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams. Our previous inspections had identified a break down in working relationship between the GP partners. During this inspection we found that both parties were in mediation with the British Medical Association. As a result there had been improvements which were resulting in better working relations and direction for the whole practice.

Are services well-led?

Requires improvement

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

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management. However we found that the governance systems at the practice had not been fully followed as there was an incident that had occurred at the practice and had not been investigated in a timely manner.

- Structures, processes and systems to support good governance and management were clearly set out. However we saw that an incident had occurred that was a result of lack of the practice undertaking a through risk assessments when appointing staff. Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.
- However we were notified of an incident when the practice had failed to deliver care to patients for a two hour period due to lack of staffing. This incident was being dealt with by NHS England. We saw that the practice had made a risk log of this with actions identified on the lessons learnt from this incident.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved, staff and external partners to support high-quality sustainable services. However whilst we found that the practice had established a patient participation group that was meeting on a quarterly basis.GP national survey results at the practice remained low. The practice was aware of the ongoing problems in this area but had not taken sufficient action to bring about improvement.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example staff explained that the current mission statement had been developed with the support of staff and the patient participating group.

Continuous improvement and innovation

Are services well-led?

Requires improvement

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

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. The practice had nominated leads for core areas. These leads kept in touch with current research and learning any they shared these at team meetings to ensure continuous improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of patients who use services. In particular; An incident had occurred at the practice between a member of staff employed at the practice and someone visiting the practice. This incident had not been investigated and followed through appropriately. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: The registered person had failed to undertake a risk assessment for the suitability of a staff member employed at the practice who had an altercation with a person visiting the practice. The registered person failed to act on patient feedback. The GP national survey results at the practice were low. Regulation 17 (2) of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.