

Dr Abul Kashem Mohammed Zakaria

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?

Good



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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Abul Kashem Mohammed Zakaria on 17 November 2016. This inspection was a follow up to earlier inspections carried out on 17 June 2015 where the practice was placed in special measures for six months and 25 February 2016 where it remained in special measures for a further six months. The overall rating for the practice was inadequate and the practice remained in special measures for a period of six months and was served with a warning notice. There was a further focussed inspection on the 31 March 2017 where the practice provided evidence that they had complied with the warning notice, they remained in special measures. The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for Dr Abul Kashem Mohammed Zakaria on our website at www.cqc.org.uk.

Some of the issues found were;

- The practice did not ensure processes were in place to maintain complete records in respect of each patient, including a record of the care and treatment provided and of decisions taken in relation to the care and treatment provided.
- The practice did not ensure the proper and safe management of medicines.
- The practice did not have an effective system for recording action taken on patient safety alerts.
- The practice did not have arrangements for the identification and support of carers amongst its patient list.
- The practice failed to provide appropriate information about the complaints process, advocacy help and routes for escalation.

As a result of this inspection the practice had enlisted help from the General Medical Council (GMC) who monitored the consultation notes; they had also implemented the NHS England support for vulnerable GP practices programme action plan which provided support and advice for practices.

Summary of findings

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 14 September 2017. Overall the practice is now rated as requires improvement.

Our key findings were as follows:

- Data from the 2017 national GP patient survey showed patients rated the practice lower than others for some aspects of care, for example, 27% (previously 31%) of patients said that they usually wait 15 minutes or less after their appointment time to be seen compared to the CCG average of 50% and the national average of 64%.
- 55% (previously 63%) of patients described their experience of making an appointment as good compared with the CCG average of 62% and the national average of 73%.
- Patient records were looked at and there was considerable improvement in how they were completed, including recording of the care and treatment provided and of decisions taken in relation to the care and treatment provided.
- Patients on high risk medicines such as methotrexate and warfarin were well managed with documented blood testing and monitoring. There was a good policy for high risk medicines.
- Safety alerts were recorded and the assistant practice manager highlighted these to relevant staff who signed the log book to confirm that they had read it and record any action taken.
- The practice had identified 62 patients as carers (2% of the practice list) and they had a designated member of staff who acted as a carers champion, they also held quarterly carers meetings. They sign posted carers to local support groups.
- The practice had a complaints and comments leaflet which outlined the reporting process, where to get advocacy help and routes for escalation.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect, but they could be more involved in planning and making decisions about their care and treatment.
- Patients we spoke with 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 the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider should make improvements are:

- Although the results are improving the practice should continue to assess, monitor and improve the access to and satisfaction with appointments in view of the low National GP patient survey results.
- Improving the uptake of the bowel screening programme.

I am taking this service out of special measures. This recognises that there had been some improvements made to the quality of care provided by the service.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system 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 were informed as soon as practicable, 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.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- Patients on high risk medicines were well managed with documented blood testing and monitoring and medicine review plans in place.
- Patient records were well kept; this included the recording of the care and treatment provided and of decisions taken in relation to the care and treatment provided.
- The practice had clearly defined systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Bowel screening uptake was lower than local and national averages.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge 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.
- End of life care was coordinated with other services involved.

Summary of findings

Are services caring?

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

- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care, for example, the percentage of patients who said the last GP they saw was good at treating them with care and concern was 69% (previously 70%) compared to the CCG average of 77% and the national average of 85%.
- The percentage of patients said they had confidence and trust in the last GP they saw was 93% (previously 81%) compared to the CCG average of 91% and the national average of 95%.
- The majority of patients said they were treated with compassion, dignity and respect.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 62 patients as carers (2% of the practice list) they had a designated member of staff who acted as a carer's champion.
- Information for patients about the services was accessible.

Requires improvement



Are services responsive to people's needs?

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

- Data from the 2017 national GP patient survey showed patients rated the practice lower than others for some aspects of care, for example, the percentage of patients who said they were satisfied with the surgery's opening hours was 71% (previously 75%) compared to the CCG average of 73% and the national average of 76%.
- 27% (previously 31%) of patients said that they usually wait 15 minutes or less after their appointment time to be seen compared to the CCG average of 50% and the national average of 64%.
- The practice understood its population profile and had used this understanding to meet the needs of its population. The practice had a "you said we did" poster on their notice board one of the items was patients asking for a female GP, the practice responded by employing two female GPs working three sessions per week.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.

Requires improvement



Summary of findings

- Patients we spoke with 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 evidence from the four examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had created a website where patients could find out information about the practice, the patient participation group (PPG) and participate in the friends and family test.

Are services well-led?

The practice is rated as requires improvement 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 policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In four examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- Results from the 2017 National Patient survey show that the practice was below local and national averages with access to GP appointments, telephone access and waiting times.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

Requires improvement



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.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.

Where older patients had complex needs, the practice shared summary care records with local care services, the practice hosted Multi-Disciplinary Meetings (MDT) on the first Tuesday of every month.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions.

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 89% compared to the CCG average 80% and the national average of 78%.
- The practice ran diabetes clinics every week with the GP and the practice nurse ran pre-diabetes, chronic obstructive pulmonary disease (COPD) and Asthma clinics.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.

Requires improvement



Summary of findings

All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care

Families, children and young people

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

- From the sample of documented examples we reviewed 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.
- Immunisation rates were comparable to local averages for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

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 practice offered extended opening hours on Wednesday evenings.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice had developed its own dedicated website for patients.
- The practice offered telephone consultations.
- NHS health checks were available for this group.

Requires improvement



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.

Requires improvement



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- 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 offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia).

- The practice carried out advance care planning for patients living with dementia.
- All of the three 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 averages of 87%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia by giving all mental health patients an annual review.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months was 100% compared to the CCG average of 81% and the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.

Requires improvement



Summary of findings

- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published July 2017. The results showed the practice was performing in line with local and national averages. Three hundred and sixty two survey forms were distributed and 98 were returned. This represented a 27% response rate.

- 69% of patients described the overall experience of this GP practice as good compared with the CCG average of 73% and the national average of 85%.
- 55% of patients described their experience of making an appointment as good compared with the CCG average of 62% and the national average of 73%.
- 59% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 65% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 17 comment cards which were all positive about the standard of care received. Patients said they felt the provider of services at the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect, one mentioned long waiting times and another lack of nurse appointments.

We spoke with 11 patients during the inspection. All 11 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Three patients that we spoke to mentioned that they had waiting over an hour for an appointment.

The friends and family test results showed that 50% (56% nationally) of patients could usually see the GP or nurse they wanted to see and 59% (77% nationally) said would recommend the surgery to someone new to the area.

Areas for improvement

Action the service **SHOULD** take to improve

- Although the results are improving the practice should continue to assess, monitor and improve the access to and satisfaction with appointments in view of the low National GP patient survey results.

- Improving the uptake of the bowel screening programme.

Dr Abul Kashem Mohammed Zakaria

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a Nurse specialist adviser and an Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Background to Dr Abul Kashem Mohammed Zakaria

Dr Abul Kashem Mohammed Zakaria, also known as Upper Road Medical Centre, is located in Plaistow in east London. It is one of the 62 member GP practices in NHS Newham CCG.

The practice serves a diverse community: 40% Asian, 21.5% Black, 5% mixed and 3% other non-white ethnic groups. The practice is located in the second more deprived decile of areas in England. At 77 years, male life expectancy is lower than the England average of 79 years. At 82 years, female life expectancy is lower than the England average of 83 years.

The practice has approximately 3,400 registered patients. It has many more male patients in the 20 to 44 years age range than the England average, and comparatively few patients in the 60 to 85+ years age range.

Services are provided by Dr Abul Kashem Mohammed Zakaria, a Registered Individual, who provides services

under a General Medical Services (GMS) contract with NHS England (a General Medical Services (GMS) contract is the contract between general practices and NHS England for delivering primary care services to local communities).

The practice is in purpose built premises. All the patient areas are on the ground floor which is accessible to wheelchair users. There is a reception area, two waiting areas, two GP consulting rooms and the practice nurse's treatment room. The practice is close to public transport and there is on street parking nearby.

Three GPs work at the practice, one male and two female. Together they provide up to 10 clinical sessions a week. A part time practice nurse (who was also an independent prescriber) and part time healthcare assistant each work 12 hours per week. There is a full time practice manager and medical administrator and five part time receptionist staff.

The practice's opening times are:

- 8.00am to 6.30pm on Monday and Friday
- 8.00am to 7.30pm on Tuesday (additional capacity scheme)
- 8.00am to 8.30pm Wednesday (extended hours scheme)
- 8.00am to 2.00pm on Thursday

Outside these times patients are directed to a GP out of hour's service.

GP consulting hours are:

- 10.00am to 12.00pm and 4.00pm to 6.30pm on Monday and Friday
- 10.00am to 12.00pm and 4.00pm to 7.30pm on Tuesday

Detailed findings

- 10.00am to 12.00pm and 4.00pm to 8.30pm on Wednesday
- 10.00am to 12.00pm on Thursday

Dr. Abul Kashem Mohammed Zakaria is registered with the Care Quality Commission to carry on the following regulated activities at 50 Upper Road, Plaistow, London E13 0DH: Treatment of disease, disorder or injury and Surgical procedures.

The practice was previously inspected on 17 November 2016. This inspection was a follow up to earlier inspections carried out on 17 June 2015 where the practice was placed in special measures for six months and 25 February 2016 where it remained in special measures for a further six months. The overall rating for the practice was inadequate and the practice remained in special measures for a period of six months and was served with a warning notice. There was a further focussed inspection on the 31st March 2017 where the practice provided evidence that they had complied with the warning notice, they remained in special measures.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr. Abul Kashem Mohammed Zakaria on 17 November 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe and well led services and was placed into special measures for a period of six months.

We also issued a warning notice to the provider in respect of good governance and informed them that they must become compliant with the law by 28 February 2017. We undertook a follow up inspection on 31 March 2017 to check that action had been taken to comply with legal requirements. The full comprehensive report on the Month Year inspection can be found by selecting the 'all reports' link for Dr Abdul Kashem Mohammed Zakaria on our website at www.cqc.org.uk.

We undertook a further announced comprehensive inspection of Dr Abdul Kashem Mohammed Zakaria on 14

September 2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 14 September 2017. During our visit we:

- Spoke with a range of staff (GPs, practice manager, assistant practice manager, practice nurse and reception and administration staff) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members.
- Reviewed a 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.
- Looked at information the practice used to deliver care and treatment plans.

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)

Detailed findings

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

This inspection was a follow up to earlier inspections carried out on 17 June 2015 where the practice was placed in special measures for six months and 25 February 2016 where it remained in special measures for a further six months. The overall rating for the practice was inadequate and the practice remained in special measures for a period of six months.

At our previous inspection on 17 November 2016, we rated the practice as inadequate for providing safe services as the arrangements in respect of patient record keeping and medicines management, the practice was served with a warning notice.

There was a further focussed inspection on the 31 March 2017 where the practice provided evidence that they had complied with the warning notice, they remained in special measures.

These arrangements had significantly improved when we undertook a follow up inspection on 14 September 2017.

- 12 patient records were looked at and there was considerable improvement in how they were completed, including recording of the care and treatment provided and of decisions taken in relation to the care and treatment provided.
- Patients on high risk medicines such as methotrexate and warfarin were well managed with documented blood testing and monitoring. There was a good policy for high risk medicines.
- Safety alerts were recorded and the assistant practice manager highlighted these to relevant staff who signed the log book to confirm that they had read it and record any action taken.

The practice is now rated as good for providing safe services.

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. Significant events were discussed weekly at team meetings.

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, when a pregnant patient missed an appointment for a vaccine, this was not followed up and when the patient eventually went for an antenatal clinic she was told it was too late to have the vaccine as it would not be safe. This unfortunately was not the case, and when the patient asked the practice they apologised and explained the situation to the patient and agreed extra monitoring of the patient until the due date. This was discussed at a practice meeting and although the incorrect advice was given by the antenatal clinic, the practice made sure that they always recalled pregnant patients who missed appointments for vaccines more vigorously.

Overview of safety systems and process

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- 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. The lead member of staff for safeguarding was the GP clinical director. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to

Are services safe?

their role. GPs were trained to child safeguarding level three. The practice nurse and healthcare assistant were trained to safeguarding level two and all other members of staff to safeguarding level one.

- A notice in the waiting room advised patients that chaperones were available if required and staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken. The last National Health Service England (NHSE) audit at the practice took place in the last 12 months, and we saw that the one immediate action that had been identified had been resolved by the practice.
- 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. Patients on high risk medicines such as methotrexate and warfarin were well managed with documented blood testing and monitoring in line with current guidelines. The provider had a repeat prescribing policy and this has been embedded into the clinical systems 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. The practice nurse had qualified as an independent prescriber and could therefore prescribe medicines within their expertise. They received mentorship and support from the provider for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs provide a legal framework that allows registered health professionals to supply and/or

administer a specified medicine(s) to a pre-defined group of patients, without them having to see a doctor each time they visit the practice). The healthcare assistant did not administer any vaccines.

- We reviewed three personnel file and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, 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 which identified local health and safety representatives. Electrical equipment on site had been checked to ensure the equipment was safe to use. 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 arrangements in place to respond to emergencies and major incidents on site.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- A first aid kit and accident book was available and all staff knew of their location. All the medicines we checked were in date and emergency medicines were easily accessible to staff in a secure area of the practice.

Are services safe?

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

This inspection was a follow up to earlier inspections carried out on 17 June 2015 where the practice was placed in special measures for six months and 25 February 2016 where it remained in special measures for a further six months. The overall rating for the practice was inadequate and the practice remained in special measures for a period of six months.

At our previous inspection on 17 November 2016, we rated the practice as requires improvement for providing effective services as they did not have an effective system to ensure processes were in place to maintain a complete record in respect of each patient, including a record of the care and treatment provided and of decisions taken in relation to the care and treatment provided.

There was a further focussed inspection on the 31st March 2017 where the practice provided evidence that they had complied with the warning notice, they remained in special measures.

These arrangements had significantly improved when we undertook a follow up inspection on 14 September 2017.

- Patient records were looked at and there was considerable improvement in how they were completed, including recording of the care and treatment provided and of decisions taken in relation to the care and treatment provided.

The provider is now rated as good for providing effective services.

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results (2015/2016) showed the practice achieved 95% of the total number of points available, compared with the local Clinical Commissioning Group (CCG) average of 91% and the national average of 95%. The practice had an overall exception reporting rate of 3%, compared to the CCG average of 6% and the national average of 10% (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from QOF 2015/16 showed:

- Performance for diabetes related indicators was similar to the CCG and the national average. For example 83% (344 patients) of patients on the diabetes registers last cholesterol reading was 5mmol/l or less, which was comparable to the CCG and national average of 80%. The exception reporting rate was 3%, which was significantly lower than the CCG and national averages of 7% and 13% respectively.
- The percentage of patients with hypertension having regular blood pressure tests was 84% (400 patients), which was comparable to the CCG average of 82% and the national average of 83%. Exception reporting was 5% which was comparable to the CCG average of 3% and the national average of 4%.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 100% (12 patients) compared to the CCG average of 87% and the national average 90%. Exception reporting was 8% the same as the CCG average and comparable to the national average of 12%.
- Performance for mental health related indicators was comparable to the CCG and national average. For example, all three patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive agreed care plan documented in their

Are services effective?

(for example, treatment is effective)

record in the preceding 12 months compared to the CCG average of 84% and a national average of 89%. This meant that the exception reporting rate was 0%, compared to the CCG average of 8% and the national average of 13%.

- The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months was 99% (719 patients) compared to the CCG average of 96% and the national average of 95%. The exception report for both the practice and CCG were in line with national averages at less than 1%.

There was evidence of quality improvement including clinical audit.

- There had been nine clinical audits commenced in the last two years, six of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example:
- The practice carried out an audit looking into antiplatelet prescribing (Antiplatelet medications are commonly used to reduce the risk of heart attack) for secondary prevention of cardiovascular disease in patients with Peripheral Arterial Disease against NICE guidelines (Peripheral artery disease (PAD) is a disease in which plaque builds up in the arteries that carry blood around the body the plaque). The guidelines recommend that all patients with PAD should be offered antiplatelet treatment for secondary prevention of cardiovascular disease. The practice aim was to have all patients with PAD prescribed with antiplatelet therapy where appropriate. They used the computer system to run searches on patients diagnosed with PAD and other peripheral vascular diseases the first cycle showed that 75% of patients with PAD had been prescribed with antiplatelet treatment. Following this the practice had education and awareness training on the NICE guidelines and therapy options so that all GPs knew the preferred treatment options, all patients identified that required antiplatelet treatment were invited in for a review. The second audit cycle showed that the percentage of patients on antiplatelet therapy had increased to 100%.

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, 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.
- 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.

Are services effective?

(for example, treatment is effective)

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. In addition the practice regularly communicated with the managers of local supported housing sites, where some vulnerable and frail patients live.

Consent to care and treatment

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

- Clinical 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, clinical 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.

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 88%, which was higher than the CCG average of 78% and the national average of 81%. There was a policy to

offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, 60% of women aged between 50 and 70 were screened for breast cancer in the preceding 36 months compared to a CCG average of 59% and a national average of 72% and 26% of patients aged 60 to 69 were screened for bowel cancer in the last 30 months, compared to the CCG average of 42% and the national average of 58%.

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 88% to 93% compared to the 90% national standard. Immunisation rates for vaccinations given to five year olds ranged from 80% to 88% compared to the CCG average of 76% to 93% and the national average of 88% to 94%.

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

Are services caring?

Our findings

This inspection was a follow up to earlier inspections carried out on 17 June 2015 where the practice was placed in special measures for six months and 25 February 2016 where it remained in special measures for a further six months. The overall rating for the practice was inadequate and the practice remained in special measures for a period of six months.

At our previous inspection on 17 November 2016, we rated the practice as requires improvement for providing caring services as there was no carer's register.

There was a further focussed inspection on the 31st March 2017 where the practice provided evidence that they had complied with the warning notice, they remained in special measures.

These arrangements still had room for improvement when we undertook a follow up inspection on 14 September 2017.

The provider is as requires improvement for providing caring services.

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.

Of the 17 patient Care Quality Commission comment cards we received all were positive about the service experienced. Patients said they felt the provider of services at the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect, one mentioned long waiting times and another lack of nurse appointments.

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

Results from the 2017 national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was lower than average for its satisfaction scores on consultations with GPs and nurses. For example:

- 76% (previously 70%) of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 82% and the national average of 89%.
- 68% (previously 74%) of patients said the GP gave them enough time compared to the CCG average of 78% and the national average of 86%.
- 93% (previously 81%) 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%.
- 69% (previously 70%) of patients said the last GP they saw was good at treating them with care and concern compared to the CCG average of 77% and the national average of 85%.
- 81% (previously 82%) of patients said the nurse gave them enough time compared with the CCG average of 83% and the national average of 92%.
- 98% (previously 92%) of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 92% and the national average of 97%.
- 85% (previously 80%) 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% national average of 91%.
- 72% (previously 74%) of patients said they found the receptionists at the practice helpful which was comparable to the CCG average of 78% and comparable to the national average of 87%.

Care planning and involvement in decisions about care and treatment

Are services caring?

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 in some cases positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in lower than local and national averages. For example:

- 69% (previously 67%) of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 74% and the national average of 82%.
- 72% (previously 75%) of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 79% and the national average of 86%.
- 84% (previously 72%) 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%.
- 87% (previously 76%) of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 90%.

The practice had been working with the PPG in order to improve patient satisfaction, they also had appointed a carers champion who held quarterly carers meeting to better support them.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- The practice had recently installed a hearing loop.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

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. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 63 patients as carers, which represents 2% of the practice list. Written information was available to direct carers to the various avenues of support available to them. The practice had a dedicated member of staff who acted as a carers champion and held quarterly meetings.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

This inspection was a follow up to earlier inspections carried out on 17 June 2015 where the practice was placed in special measures for six months and 25 February 2016 where it remained in special measures for a further six months. The overall rating for the practice was inadequate and the practice remained in special measures for a period of six months.

At our previous inspection on 17 November 2016, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of patient waiting times, access to appointments and information on how to complain and how to escalate.

There was a further focussed inspection on the 31st March 2017 where the practice provided evidence that they had complied with the warning notice, they remained in special measures.

These arrangements had improved when we undertook a follow up inspection on 14 September 2017 but there were still room for improvement. The provider is rated requires improvement for providing caring services.

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:-

- The practice offered extended hours surgery on a Wednesday evening between 6:30pm and 8:30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who 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.
- The practice offered longer standard appointments to patients of 15 minutes, if requested.

- Telephone consultations were available to patients who were unable to attend the surgery during normal opening hours.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The premises were accessible for people with reduced mobility and translation services available.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had created a website for patients.
- On line appointment booking and repeat prescription facilities were available on the practice website.
- The practice was a member of a local GP federation, giving patients at the practice the facility to see a GP or nurse outside of normal working hours and at the weekend.
- The practice used a text reminder service to alert patients to upcoming appointments, collection of blood test results and invites for annual vaccinations.

Access to the service

The practice telephone lines were open from 8:30am and 1pm; 2pm and 6:30 pm Monday to Friday, with the exception of Thursday when the practice closed at 1pm. The practice reception opening times were:-

- 8am - 6:30pm (Monday, Friday)
- 8am - 7:30pm (Tuesday)
- 8am - 8:30pm (Wednesday)
- 8am - 2pm (Thursday)

Appointment times are as follows:-

- 10am - 12pm, 4pm - 6:30pm (Monday, Friday)
- 10am - 12pm, 4pm - 7:30pm (Tuesday),
- 10am - 12pm, 4pm - 8:30pm (Wednesday)
- 10am - 12pm (Thursday)

When the practice is closed patients are directed to the Newham GP Cooperative. Extended hours appointments were offered on a Wednesday between 6:30pm and 8:30pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Are services responsive to people's needs?

(for example, to feedback?)

Results from the national 2017 GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 71% (previously 75%) of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 76%.
- 56% (previously 58%) of patients said they could get through easily to the practice by phone which was the same as the CCG average and comparable to the national average of 71%
- 70% (previously 58%) of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 64% and the national average of 75%.
- 69% (previously 77%) of patients said their last appointment was convenient compared with the CCG average of 67% and the national average of 81%
- 55% (previously 63%) of patients described their experience of making an appointment as good compared with the CCG average of 62% and the national average of 73%.
- 25% (previously 24%) of patients said they don't normally have to wait too long to be seen compared with the CCG average of 41% and the national average of 58%.

The practice were aware of these low scores and had added and advertised the online appointment booking facility and ensured that patients had access to both male and female GPs. They also built in "catch up time" which was a gap in between certain clinical appointments which allowed the GP time to manage appointments and reduce additional waiting times for patients. They also increased the frequency of meetings with the PPG in order to work with them to improve their responsiveness.

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.

Listening and learning from concerns and complaints

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

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

We looked at 10 complaints received in the last 12 months and found all complaints dealt with in a timely way and there was transparency in communications with the complainant. Lessons were learnt from individual concerns and complaints, and action was taken as a result to improve the quality of care.

For example, following a complaint about waiting times for appointments, where a patient waited for over 40 minutes for their appointment the practice introduced a buffer in-between appointments to allow for appointments running over to ensure that expected waiting times were reduced.

Are services well-led?

Requires improvement 

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

Our findings

This inspection was a follow up to earlier inspections carried out on 17 June 2015 where the practice was placed in special measures for six months and 25 February 2016 where it remained in special measures for a further six months. The overall rating for the practice was inadequate and the practice remained in special measures for a period of six months.

At our previous inspection on 17 November 2016, we rated the practice as for providing well-led services as inadequate as effective governance and performance management arrangements were not embedded and the delivery of high-quality person-centred care was not be assured.

There was a further focussed inspection on the 31st March 2017 where the practice provided evidence that they had complied with the warning notice, they remained in special measures. We issued a warning notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 14 September 2017. However the practice had not taken sufficient action to improve patient satisfaction based on feedback from the national GP patient survey.

- Patient records were looked at and there was considerable improvement in how they were completed, including recording of the care and treatment provided and of decisions taken in relation to the care and treatment provided.
- Patients on high risk medicines such as methotrexate and warfarin were well managed with documented blood testing and monitoring. There was a good policy for high risk medicines.
- Safety alerts were recorded and the assistant practice manager highlighted these to relevant staff who signed the log book to confirm that they had read it and record any action taken.

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

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 and staff we spoke to knew and understood the values. The practice believed that by looking at the wider needs of the patient, it could provide a holistic approach to providing care to patients.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- As a result of the inspection on 17 November 2016 the lead GP was under supervision from the General Medical Council (GMC) who monitored the consultation notes; they had also implemented the NHS England support for vulnerable GP practices programme action plan which provided support and advice for practices.
- The practice had employed a Business manager who along with the lead GP lead on practice improvements.
- The practice had decided to take on one of the locum GPs that they use as a GP partner, they believed this would help them improve standards and the patient experience.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- 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.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

Are services well-led?

Requires improvement 

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

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 monthly team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and encouraged to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. However actions taken by the practice to improve low patient survey scores have not yet demonstrated an improvement in patient satisfaction.

- The practice had gathered feedback from patients through the Patient Participation Group (PPG) and

through surveys and complaints received. The PPG met regularly. The practice conducted a number of patient surveys throughout the year to gain patient feedback. A couple of the PPG suggestions had been online appointments and the introduction of Female GPs, which the practice introduced.

- The practice had a "we said, we did" poster on the notice board which highlighted improvements made following patients feedback, such as online booking, extended hours, the availability of a female GP and the introduction of catch-up time.
- Results from the 2017 National Patient survey show that the practice was below local and national averages with access to GP appointments, telephone access and waiting times.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. 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 had identified several areas to help improve outcomes for patients in the area. For example;

- The lead GP attended a medical record keeping and risk assessment course arranged by the Medical Protection Society (MPS).
- The practice had employed a Business manager who along with the lead GP led on practice improvements identified in the CQC reports and the practices own action plan. .
- The practice had appointed a carers champion who held regular meetings with carers to support them and signpost them to external organisations who offered support.

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
Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>There were no systems or processes that enabled the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular: patient satisfaction so with the care provided by the practice and the access to the practice by telephone, and the availability of appointments</p> <p>This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>