

Carpenters Practice

Quality Report

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Date of inspection visit: 25 January 2018

Date of publication: 22/03/2018

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	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection 26 May 2015 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

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 – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students) – Good

People whose circumstances may make them vulnerable – Good

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

We carried out an announced inspection at Carpenters Practice on 25 January 2018 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 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- 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.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider **should** make improvements are:

- Consider ways in which to establish an active Patient Participation Group.
- Review the results of the National GP Patient Survey and look at ways to improve performance as regards local and national averages.

Summary of findings

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Carpenters Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser.

Background to Carpenters Practice

Carpenters Practice is run by Lantern Health CIC – a Community Interest Company (Social Enterprise). It operates from purpose-built premises at 236-252 High Street, Stratford London E15 2JA, having moved from a nearby location which it shared with community groups. The practice provides NHS primary medical services through an Alternative Provider Medical Services (APMS) contract to approximately 14,100 patients. An APMS contract is an alternative to the standard GMS contract used when services are agreed locally with a practice and may include additional services beyond the standard contract.

Carpenters Practice is located within the Newham local authority and is one of 51 practices serving the NHS Newham Clinical Commissioning Group (CCG) area.

In addition to this location which has 4,800 patients, Carpenters Practice has two nearby branch surgeries known as Church Road (7,150 patients) and St Lukes (2,150 patients).

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury.

The practice provides a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract) including extended hours and learning disability health checks.

The practice staff comprises of four female salaried GPs (totalling 22 sessions per week), a male salaried GP (eight sessions per week), eight locum GPs (44 sessions per week), a practice nurse (28 hours per week), two Health Care Assistants (57 hours per week) a part time Business Manager, a full time Practice Manager and twenty admin/reception staff.

The practice's opening hours are 8am to 6:30pm Monday to Friday and appointments with doctors and nurses are available throughout the day. The practice offers extended hours appointments between 6:30pm and 8pm on Tuesday, Wednesday and Thursday. The practice has opted out of providing an out-of-hours service. When closed, calls are forwarded to the local out-of-hours service provider. Information regarding this is given on the practice website and the practice leaflet, together with details of the NHS 111 service.

Appointments can be booked online, some being available the next day. Urgent appointments are also available for patients who need them. The practice has opted out of providing an out-of-hours service. Patients telephoning when the practice is closed are transferred automatically to the local out-of-hours service provider.

The practice had a lower percentage of patients aged over 65 years than the national average (3.6% compared to 17%), a higher percentage of unemployed patients (9% compared to 5%) and a lower percentage of patients with a long standing health condition (44% compared to 54%).

Detailed findings

Seventy Three percent of the registered practice population were from Black, Asian and Minority Ethnic groups with the remaining 27% being white.

Information published by Public Health England rates the level of deprivation within the practice population group as second on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

Lantern Health CIC has a Chief Executive Officer who is a GP and the Registered Manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. 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). All clinicians were enhanced checked and non-clinicians were either enhanced or standard checked.
- All staff received up-to-date safeguarding and safety training appropriate to their role with GPs being trained to level 3, nurses to level 2 and non-clinical staff to level 1. 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 a lead GP responsible for safeguarding within the practice and staff were aware of who this was. Staff at all levels knew how to identify and report concerns and they told us that they were very aware of the need to report concerns.
- 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.
- Minimum working levels for GPs were in place so that clinical rotas could be prepared further in advance. This ensured consistent clinical cover within the practice whilst allowing for flexibility for GPs to attend their other clinical commitments, professional interests and development.
- 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.

Information to deliver safe care and treatment

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

- 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.

Are services safe?

Uncollected prescriptions were reviewed each month and patients were followed up when this was necessary to make sure they had access to their prescribed medicines.

- 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.
- The practice had a robust and safe process to ensure any patients being prescribed high-risk medicines were being monitored closely.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation and a system for production of Patient Specific Directions (PSDs) was in place to enable Health Care Assistants to administer vaccinations, after specific training, and when a doctor or nurse were on the premises (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.

- 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

The practice learned and made improvements when things went wrong.

- 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. There were 25 significant events recorded during the last 12 months.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, monthly meetings of all staff were held, with significant events being a standing agenda item. We saw minutes of recent meetings confirming that significant events had been discussed. For example, in one instance a patient had become extremely aggressive and refused to calm down when spoken to by a member of the reception team. A GP had to intervene at which point the patient became calmer. We saw evidence of this being discussed at a staff meeting with the outcome that aggressive behaviour is usually best managed by senior staff who are able to de-escalate the situation.
- There was a system for receiving and acting on safety alerts. We were told that when medicines alerts were received, via a generic email address, they were forwarded to a secretary who recorded them on an intranet log prior to notifying any person who might have an interest in, or need to be aware of that alert. For audit purposes, the system generated a read receipt. If searches needed to be undertaken, for instance to identify patients on a particular medication, these were done by the Data Co-ordinator who then passed the results to a clinician. We were shown evidence of a recent alert relating to potential concerns around the prescribing of sodium valproate to women of child bearing age. This then formed the basis of an audit and we saw evidence of the outcomes of that audit.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and good across all population groups.

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. Clinicians were able to describe examples of recent discussions held in relation to new or updated guidance, and we saw that this was used to inform the practice's audit programme.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. There was good use of individualised care planning with the wider health care team.
- 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.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- 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.
- The practice carried out weekly visits to a local residential care home and twice weekly visits to a nursing home. A new patient check/review takes place with a supporting clinical template for the collection and recording of information. This includes next of kin, level of function (including feeding, dressing, mobility, continence etc.), level of planned intervention (active vs. emergency vs. palliative care) and resuscitation status.

People with long-term conditions:

- Patients with long-term conditions were informed about the need for regular review via messages and blood test requests attached to their repeat prescriptions. They 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.
- Recalls and reviews were documented by the regular use of templates and the formulation of care plans for diabetic monitoring, learning disabilities, mental health, cardiovascular disease and asthma as well as other areas of patient care.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. The most recent uptake rates for the vaccines given were slightly below the target percentage of 90% or above. The practice believes that this shortfall is caused by a population which is very transient together with a high number of immigrants, many of whom have different or incomplete overseas immunisation records. As a result parents do not want to comply with the 'catch up' immunisation schedule suggested because of their concerns regarding duplicate immunisations. The practice is working hard with parents and trying to encourage them to vaccinate their children or to get complete records from their home countries.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. The practice leaders are also aware that the population of Newham has specific health needs; there is a very young, deprived, migrant population with the highest birth rate in the United Kingdom. Working with this population can uncover health issues specific to that population e.g. mental health issues, undiagnosed diabetes and TB. For this reason, the practice is actively involved in a peri-natal mental health service, commissioned by the CCG, which recognises the emotional stress that a new pregnancy sometimes creates for a mother and her immediate family.

Are services effective?

(for example, treatment is effective)

- The practice had in place a “pregnancy tracker” procedure which ensured that all pregnancies were tracked and coded; all babies registered with the NHS; a monthly search identified any “missed” births and post natal appointments were booked.

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

- The practice’s uptake for cervical screening was 74%, which was in line with the 80% coverage target for the national screening programme and above the CCG average of 64%. The practice felt that high patient turnover contributed to the uptake being below the 80% target but also supplied unverified data to show that they were performing at 81%.
- 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.
- 85% of patients who use the online services are aged 18-65. The electronic prescribing system, which makes ordering and collecting medications easier and faster, is used by 93% of 18-65 year olds who are on repeat prescriptions.

People whose circumstances make them vulnerable:

- End of life care was delivered in a co-ordinated 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 elderly residents in a nursing home, patients with learning and physical disabilities in a residential home as well as new migrants, refugees and asylum seekers.
- Longer appointments were offered for patients who were vulnerable and where access may be more challenging for them. An alert was used to flag patients who required additional support.

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

- The practice provided ongoing support and care to its patients who suffer with any mental illness, with ongoing care plans (every six – 12 months), as well as depression interim reviews and drug monitoring. Shared care planning is encouraged wherever appropriate.
- 93% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is above the national average of 84%.
- 94% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the national average of 90%.
- 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 97%; CCG 92%; national 91%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 97%; CCG 97%; 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 practice used information about care and treatment to make improvements and was actively involved in quality improvement activity which included clinical audits. There had been 16 clinical audits completed in the last year, five of which had been completed over two cycles. The improvements made were implemented and monitored.

For example, an audit was conducted in October 2017 to identify asthmatic patients ordering more than 12 salbutamol inhalers in the preceding 12 months, and to see whether they had had their asthma control reviewed. The first cycle audit identified 27 patients on the asthma register who had been issued with 12 or more salbutamol inhalers in the last 12 months. These patients were called in for a review of their asthma with the aim of improvement to their control by education and change of treatment if required.

Are services effective?

(for example, treatment is effective)

A second cycle audit was conducted in January 2018 and it was found that the number of asthmatic patients who had been issued with 12 or more salbutamol inhalers in the last 12 months had decreased to nine.

The most recent published Quality Outcome Framework (QOF) results were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 94% and national average of 95%. The overall exception reporting rate was 9% compared with a national average of 10%. (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.)

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.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

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

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.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

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.
- All of the 27 patient Care Quality Commission comment cards we received were positive about the service experienced. This is 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 patients felt they were treated with compassion, dignity and respect. Three hundred and ninety surveys were sent out and 80 were returned. This represented about 0.6% of the practice population. The practice was comparable to the CCG averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 71% of patients who responded 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%.
- 72% of patients who responded said the GP gave them enough time; CCG - 78%; national average - 86%.
- 88% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 91%; national average - 95%.
- 70% 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%.
- 82% of patients who responded said the nurse was good at listening to them; (CCG) - 83%; national average - 91%.
- 82% of patients who responded said the nurse gave them enough time; CCG - 83%; national average - 92%.

- 87% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 92%; national average - 97%.
- 84% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 81%; national average - 91%.
- 66% of patients who responded said they found the receptionists at the practice helpful; CCG - 76%; national average - 87%.

The practice was aware of these results but felt that as the response rate was very low (0.6%) it might skew the results particularly as the survey didn't appear to differentiate between the three practice sites. As a result of this they conducted separate surveys for each site between September 2017 and November 2017 and found a significant difference in satisfaction scores when compared to the national GP patient survey.

For instance, at this location 95% of the patients were very satisfied, or satisfied with the healthcare that they received. At Church Road 80% of the patients were very satisfied, or satisfied and at St Lukes 95% of the patients were very satisfied, or satisfied with the healthcare that they received.

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. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- 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 by asking new patients to complete a questionnaire to identify whether they required additional help or

Are services caring?

assistance. They were also identified when attending for reviews and opportunistically when attending routine appointments. The practice's computer system then alerted GPs if a patient was a carer. The practice had identified 138 patients as carers (1% of the practice list).

- Carers were referred to various support services such as Newham Carers Network. Written information was available to direct carers to the various avenues of support available to them which included, where appropriate, social care, benefit support, etc.
- Staff told us that if families had experienced bereavement, a GP would try to make contact and either offer a consultation at a flexible time and location to meet the family's needs or give them advice on how to find a support service.

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

- 74% 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%.
- 71% 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%.
- 88% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 81%; national average - 90%.
- 72% 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%.

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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice as good for providing responsive services overall and good across all population groups.

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. It offered extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- The facilities and premises were appropriate for the services delivered.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had baby changing facilities and a room for breast feeding.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.

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. Home visits were offered whether the patient lived at home or elsewhere in a care/nursing home. The GP also accommodated home visits for those who had difficulties getting to the practice due to limited mobility.

- In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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.
- Many cultures still practice femal genital mutilation (FGM) and clinical staff are FGM aware and know how to raise the issue with patients when appropriate and refer as per local and national guidelines.
- Practice staff are also aware of, and responsive to, the impact that domestic violence can have on families and young children. They are alert to children and families who may be at risk and this is communicated to the whole practice team.

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

- 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 as well as differing clinician rotas which offered a variety of routine, recall, emergency and telephone consultations throughout the day.

Are services responsive to people's needs?

(for example, to feedback?)

- Telephone GP consultations were available at the end of each surgery session which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Multi Disciplinary Meetings (MDT) are held where vulnerable patients are discussed so that all involved in their care are aware of any current issues and concerns. Links are in place with other providers from the Extended Primary Care Service as well as the rapid response team who visit patients when acutely unwell and at risk of admission.

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

- 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 up to 8pm on Tuesday, Wednesday and Thursday as well as differing clinician rotas which offered a variety of routine, recall, emergency and telephone consultations throughout the day. Patients are also free to attend the Newham CCG commissioned out of hours, hub based service at other times.
- Telephone GP consultations were available at the end of each surgery session which supported patients who were unable to attend the practice during normal working hours.

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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 offered GP led dedicated mental health and dementia appointments. Patients who failed to attend were proactively followed up by a phone call from a GP.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- 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 comparable to local averages but slightly below national averages. This was supported by observations on the day of inspection and completed comment cards. Three hundred and ninety surveys were sent out and 80 were returned. This represented about 0.6% of the practice population.

- 73% 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%.
- 54% of patients who responded said they could get through easily to the practice by phone; CCG - 56%; national average - 71%.
- 73% 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%.
- 47% of patients who responded described their experience of making an appointment as good; CCG - 62%; national average - 73%.

Are services responsive to people's needs?

(for example, to feedback?)

- 49% of patients who responded said they don't normally have to wait too long to be seen; CCG - 41%; national average - 58%.

The practice was aware of these results but felt that as the response rate was very low (0.6%) it might skew the results particularly as the survey didn't appear to differentiate between the three practice sites. As a result of this they conducted separate surveys for each site between September 2017 and November 2017 and found a significant difference in satisfaction scores when compared to the national GP patient survey.

For instance, at this location 80% of the patients found getting an appointment with a GP very easy, easy or fairly easy. At Church Road 53% of the patients found getting an appointment very easy, easy or fairly easy and at St Lukes 95% of the patients found getting an appointment with a GP very easy, easy or fairly easy.

The practice was disappointed with the results for Church Road but was aware that it had a very different patient demographic to the other two locations plus the highest list size.

Following the survey, the results were discussed at each practice and staff had an opportunity to discuss the results and the comments. Some of the comments related to estates issues such as faulty toilets etc. and these have since been rectified. Other comments related to not being able to see regular GPs and getting appointments. As a consequence, two long term locums have been appointed so as to provide some more continuity for the patients.

We were told there is further GP recruitment to be done and that the practice has also recently appointed two new Practice Nurses. The appointment system has also been adjusted so that acute, on the day appointments, are with locum GPs whilst reviews and appointments for chronic (long term) conditions are with GP Partners or salaried GPs.

We were told that the Church Road site had been undergoing some development since July 2017 and a new clinical room is part of that development. We were also told that this will allow further development of clinical services with an expected corresponding positive impact on patient experience. Once these changes have occurred the practice intends to repeat the patient survey.

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. Seventy eight complaints were received in the last year. Many of these were verbal complaints and were resolved on the day. We looked at three written complaints received in the last 12 months and found that they had been acknowledged and thoroughly investigated in a timely way and with whole team involvement during discussions at staff meetings. The complaints were dealt with in an open and transparent way and we saw evidence of them being resolved from the patients perspective. We reviewed all three complaints and found that they were satisfactorily handled in a timely way. For instance a patient complained that they felt a locum GP had not been taking them seriously during a consultation. The GP was invited to respond to the patient which they did by calling the patient, discussing the comments made and apologising to the patient. The patient was happy with the outcome.
- 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.

Are services well-led?

Good 

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

Our findings

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible 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.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

- 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 annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including locum GPs and nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- 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. All staff we spoke with told us that they enjoyed working at the practice.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- 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.

Are services well-led?

Good 

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

- Regular meetings were held. These included clinical meetings, multi disciplinary team meetings, whole practice meetings and palliative care meetings. We saw minutes and agendas to evidence these meetings taking place.
- A programme of continuous clinical and internal audit was used to monitor quality and to drive quality improvements.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, 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 and there were procedures in place to ensure that they were acted on.
- 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.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.
- 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 patients, the public, staff and external partners to support high-quality sustainable services.

- The practice had made several attempts to set up and organise an active patient participation group (PPG) but had little success in doing so. We were told that they were going to try and set up a “virtual” group whereby the views of patients could be collected via electronic means including email and text messages.
- The practice was open with patients and external partners if things had gone wrong and that they were consulted on issues that impacted upon patients.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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.
- 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.