

Liberty Bridge Road Practice

Quality Report

40 Liberty Bridge Road
London, E20 1AS
Tel: 020 8496 7000
Website: www.libertybridgeroadgp.co.uk

Date of inspection visit: 8 June 2016
Date of publication: 22/11/2016

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

Detailed findings from this inspection

Our inspection team	12
Background to Liberty Bridge Road Practice	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Liberty Bridge Road Practice on 8 June 2016. Overall the practice is rated as Good.

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

- There was a comprehensive reporting system for reporting and recording significant events, incidents and safety alerts.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the telephone system and enhanced reception staff training undertaken as result of complaints and concerns.

- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example they are part of "Clinical communities" of 15 practices in the Hurley Group. Clinical Communities is a networking service that links health professionals by therapy area, it allowed the practice to seek advice when needed, recognise trends across their locality and work together to solve problems.
- The practice is aware of their local population and has opening hours to suit them.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- The provider should take steps to improve access to the service by reviewing the availability and length of appointments and improving patient satisfaction with telephone access.
- Involve patients in making decisions about their care

Summary of findings

- Implement effective arrangements for prescription pads security.
- The practice must insure that it has effective governance including assurance and auditing

systems and processes and maintain accurate, complete and detailed records such as fire risk assessment and infection control audits and any remedial actions highlighted and actioned.

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.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services, but there were areas where improvements should be made

- Data from the national GP patient survey showed patients rated the practice in line with others for several aspects of care, however some scores were lower than national averages for some aspects of care
- Patients said they were treated with compassion, dignity and respect but were not always involved in decisions about their care and treatment.

Good



Summary of findings

- Information for patients about the services available was easy to understand and accessible.

We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality. Audits of incoming telephone calls are carried out to find out why patients are calling, to ensure they are being directed appropriately and services and staffing levels are available at the right times.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Newham Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice has high proportion of working age patients so they offer evening and weekend appointments.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice are conducting a two cycle audit to establish average wait times and the reasons for running late which concludes at the end of June 2016. Most of the patients spoken to are given options for their treatment and are involved in choosing which hospital they are referred to.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The practice encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Good



The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice participated in the Avoiding Unplanned Admissions Directed Enhanced Service (AUA DES). This enhanced service allows the practice to identify the top 2% of patients who are most likely to be admitted to hospital and to actively work on avoiding unnecessary admissions.

The practice proactively invited older patients for vaccines such as Influenza, Pneumonia and Shingles.

People with long term conditions

Good



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

- Data showed patient outcomes for diabetes management were low compared to the national average.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- There were alerts for long term conditions on patient records. The practice had a weekly diabetes clinic run by a specialist from Newham General Hospital.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had online appointment booking and prescription requests.

Summary of findings

Families, children and young people

Good



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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Patients told us children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 78% of women aged 25-64 had received a cervical screening test which was comparable to the CCG and national averages of 81% and 82%.
- Appointments were available outside of school hours including weekends and the premises were suitable for children and babies. Children and babies were prioritised for same day appointments.
- We saw positive examples of joint working with midwives and health visitors.
- The practice ran a baby clinic twice a month. During this baby clinic, a GP conducted postnatal checks and 6-8 week baby checks, a nurse administered childhood immunisations on a walk in basis and a health visitor conducted developmental checks and gave feeding and nutrition and health and safety advice.

The practice actively called mothers for their postnatal checks and their babies' first immunisations and a robust maternity protocol was available to all staff detailing the care offered to mothers from the booking of their pregnancy to their postnatal care

Working age people (including those recently retired and students)

Good



The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening reflects the needs for this age group.
- Same day appointments were available.
- The practice was open from 8am to 8pm Monday to Friday and 8am to 2pm at weekends to accommodate working people.
- Telephone consultations were available.
- Online appointment booking and prescription requests were available.
- The practice also offer the Hurley online consultations whereby patients can upload their symptoms onto a web template which is sent to the practice to be reviewed and acted upon by a doctor within 24 hours.

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. There was also an alert on the patient records where a patient was identified as 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 ran a legal clinic in conjunction with an external partner to offer patients free legal advice and welfare advice including benefits, housing and debt problems and at the time of the inspection had helped 35 clients with 60 different legal problems
- The practice worked with a local church to offer patients experiencing difficult financial circumstances access to a food bank.

Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good



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

- 82% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015). This was comparable to the CCG average of 84% and the national average of 88%. The practice holds a mental health clinic once a month this is run in conjunction with the Primary care liaison team.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 6 January 2016. The results showed the practice was generally performing in line with CCG averages, but some scores were lower than national averages. 341 survey forms were distributed and 105 were returned. This represented 1% of the practice's patient list.

- 55% of patients found it easy to get through to this practice by phone which is comparable to the CCG average of 61% and lower the national average of 73%.
- 66% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average 66% and the national average of 76%.
- 70% of patients described the overall experience of this GP practice as good which is comparable to the CCG average of 76% and lower than the national average of 85%.
- 66% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 69% and the national average of 79%.

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 commented

on the kind and caring nature of the clinical staff and said they were treated with dignity and respect. However one patient expressed dissatisfaction with the appointment system, whilst there were mixed views on the emergency appointment system, with one calling it excellent and another poor.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. One patient reported appointments not running on time and not being advised when running late. Most of the patients spoken to have a good overall opinion of the practice.

The practice have developed the "Coping at the sharp end" training package to improve the patient experience and training administration staff and reception staff to cover each when there is high demand The practice conducted a 50 patient survey in April the results showed;

- How likely are you to recommend our GP practice to your friends and family if they needed similar care or treatment?94% said likely.
- Can you usually get an appointment easily?79% said yes.

Do you usually find the reception team helpful? 82% said yes.

Areas for improvement

Action the service SHOULD take to improve

- The provider should take steps to improve access to the service by reviewing the availability and length of appointments and improving patient satisfaction with telephone access.
- Involve patients in making decisions about their care
- Implement effective arrangements for prescription pads security.
- The practice must insure that it has effective governance including assurance and auditing systems and processes and maintain accurate, complete and detailed records such as fire risk assessment and infection control audits and any remedial actions highlighted and actioned.

Liberty Bridge Road Practice

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 second CQC Inspector, a GP specialist adviser, a practice nurse, specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to Liberty Bridge Road Practice

The practice is located within the Sir Ludwig Guttman Health and Wellbeing Centre, which was purpose built for the 2012 Olympic games as the Olympic Health Centre. The building was converted in 2013 to provide GP services, Community Health and Wellbeing services and a Pharmacy. The practice is situated in a rapidly developing residential area, close to Westfield and Stratford International Station. Car parking is available in a large multi storey car park nearby.

Liberty Bridge Road Practice is a part of the Hurley Group of GP practices (The Hurley Group is an NHS GP Partnership that runs a number of practices and Urgent Care Centres in London) and is one of a number of GPs located within the Newham Clinical Commissioning Group (CCG). It has a practice list of around 8,000 which is expected to increase due to numerous large new housing developments being built in the area.

The practice staff includes two lead GPs, known by the practice as Local Medical Directors (LMD) (one male and one female), four salaried GPs (male and female) one

Physicians Associate (female) , two practice nurses (female), a Senior Practice Operations Manager, a Building Services Manager, a Health Care Assistant and ten reception/administrative staff.

One LMD works eight sessions whilst the other works four sessions .Two of the salaried GPs work six sessions while the other two work one session per week The practice nurse's work 30 and 24 hours respectively. The Senior Practice Operations Manager and Building Services Manager work full time. The practice is open from 8am and 8pm Monday to Friday and 8am to 2pm Saturdays and Sundays and Bank Holidays. Appointments are from 8am to 8pm daily apart from Tuesdays and Thursdays when appointments start at 7am. Outside of these hours, cover is provided by the Newham Co-op out of hours GP service which operates from 8pm midnight, seven days a week and the NHS 111 service.

The practice's patient population has an above average number of working age adults aged from 20 to 34 years (66%). The 2011 census shows that the largest ethnic group is white British (27%) and 58% of practices patient group have English as their first language In terms of deprivation Newham is the third most deprived decile.

Why we carried out this inspection

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

Detailed findings

The practice had not been inspected previously,

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 June 2016. During our visit we:

- Spoke with a range of staff including GPs, practice managers, practice nurses and reception/administrative staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

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

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

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

Please note 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 time.

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements providers of services must follow when things go wrong with care and treatment).
- We saw evidence when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, and 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.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence and lessons were learned and shared and action was taken to improve safety in the practice. For example, following an incident where a patient's urine sample was not labelled properly so the patient could not be identified. This was discussed at the Complaints and Significant Event Meeting and a new procedure introduced. The sample box was moved so reception staff had to receive samples and check if they are appropriately labelled/sealed to prevent reoccurrence.

Overview of safety systems and processes

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. There was a lead member of staff for safeguarding. The GPs attended

safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and practice nurses were trained to child protection or child safeguarding level three. Non-clinical staff were trained to level one.

- A notice in the waiting room and consulting rooms advised patients' chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was a named practice nurse as 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 most recent was in April 2015. We saw evidence action was taken to address any improvements identified as a result but this was not documented in the action plans. Immediately after the inspection the practice amended forms to reflect actions required, by when and when completed.
- 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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. However we found two rooms' unlocked and blank prescription paper in the printer. The practice nurse checked uncollected prescriptions regularly and reviewed them with the prescribing GP.
- The practice carried out regular medicines audits, with the support of the Newham CCG pharmacy teams, to ensure prescribing was in line with best practice. Patient Group Directions (PGD) and Patient Specific Directions (PSD) had been adopted by the practice to allow nurses

Are services safe?

to administer medicines in line with legislation, PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. A PSD is a written instruction, signed by a doctor, dentist, or non-medical prescriber for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. All staff had mandatory training which included Health & Safety, Fire Safety, and Manual Handling. The fire alarm was tested weekly and all firefighting equipment was checked and in date. The practice did not have documentary evidence of an up to date fire risk assessment. Staff told us a fire risk assessment, and fixed wire testing documentation had been requested from the landlord but were not available on the day of inspection. The fire risk assessment carried out in March was sent by the landlord five weeks after the inspection.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly in April 2016. 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. Cover for sickness, holidays and busy periods were provided in house. We noted that The Hurley Group have a bank of trained and checked in-house locums the practice can use for unexpected shortages of GP cover.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- There was also a panic button in the rooms
- 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 were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage and a buddy system with another local practice nearby. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment met patients' needs.
- The practice monitored these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- Clinical staff had protected time for training and administrative duties, they also have a mentor. They attended weekly, nursing and clinical meetings as well as monthly practice meetings where clinical guidelines and protocols were discussed. All clinicians fed back summaries of learning from all events they attended at practice meetings.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 93% of the total number of points available. The practice exception reporting rate was 13% which was above the CCG average of 10% and the national average of 11%. (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 1 April 2014 to 31 March 2015 showed:

- Performance for diabetes related indicators was similar to the national average. For example the percentage of patients on the diabetes register, who have had influenza immunisation in the preceding 12 months was

96% compared to the CCG average of 85% and National average of 89%. However exception reporting on this indicator is 23% which is higher than the national average of 18%.

- At 80%, the percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) was comparable to the CCG and national averages of 73% and 77%. Of those patients the exception reporting rate was 31% which is higher than the national average of 12%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 90% against the CCG and National percentages of 89% and 88% respectively. Exception reporting on this is 6% lower than the national at 8%
- Performance for mental health related indicators was comparable to the CCG average but lower the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months is 88% against the CCG and national percentages of 87% and 93% respectively. Exception reporting is 8% lower than the national at 10%

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years, where the results meant that improvements were recommended, implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result of the Self-Monitoring Blood Glucose (SMBG) three cycle audit which looked at the amount of patients routinely getting repeat prescriptions for Blood Glucose Test Strips (BGTS) to help them manage their diabetes.

The audit found that for people not on insulin and who are stable, there is little evidence of benefit. In fact, there is evidence of harm and a reduced quality of life resulting from SMBG.

Are services effective?

(for example, treatment is effective)

The audit enabled the practice to reduce the number of patients on the repeat prescriptions and which has improved quality of life whilst reducing prescribing costs.

- Information about patients' outcomes was used to make improvements. The audit triggered the practice to more regularly consider cost to NHS and unnecessary harm to patients (needless pricking and anxiety).

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; nurses had cervical cytology training and other role specific training such as contraception, long term condition management. The Health Care Assistant (HCA) also attends HCA specific training within Newham CCG and is mentored by one of the nurses who does in house training
- 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 for nurses and facilitation and support for revalidating GPs. All staff had received a review 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, when they were referred, or after they were discharged from hospital. These are discussed at bi-weekly practice clinical meeting—attended by palliative care nurses, social workers (for specific cases), district nurses.

Consent to care and treatment

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

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

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 and substance misuse. The practice run clinics in conjunction with Active Newham to promote physical

Are services effective? (for example, treatment is effective)

activity and/or weight management for patients with long term conditions or musculoskeletal problems who would benefit from physical exercise or weight management advice.

- The practice provided dietary advice and referred patients for advice on weight issues and healthy eating.

The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 80% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer

screening. There 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.

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. The senior practice operations manager kept a record of patients with conditions such as asthma, COPD and long term conditions. This included the dates reviews were due and whether a referral had been made if the patient had failed to attend their review. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed staff to be caring, and compassionate towards patients attending the practice and when speaking to them on the telephone. However patients we spoke with told us that they were not always treated with dignity and respect by some staff.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 17 patient Care Quality Commission comment cards we received were positive about the clinical service experienced. Patients said they felt the practice offered an excellent service but some of the reception staff were not as helpful or attentive at times whilst the clinical team treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They also stated that some of the reception staff were not as caring, but there had been a change in staff and they were confident the management team and staff were delivering improvements.

Results from the national GP patient survey showed patients generally felt they were treated with compassion, dignity and respect. The practice's achievement was in line with CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 82% and the national average of 89%.
- 67% of patients said the GP gave them enough time which is lower than both the CCG average of 79% and the national average of 87%.

- 90% 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%.
- 73% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 76% and the national average of 85%.
- 74% of patients said the last nurse they spoke to was good at treating them with care and concern comparable to the CCG average of 80% but lower than the national average of 91%.
- 80% of patients said they found the receptionists at the practice helpful compared to the CCG average of 80% and the national average of 87%.

The practice had worked with their receptionists to ensure that the correct length of appointments are being given to patients, and had automated some of these. For example, if a patient needed an interpreter they would book a double appointment, also there was an alert system for patients with complex problems or more than one long term condition they also booked a double appointment. They had also increased the number of appointments patients could book online from one at a time to two, this enabled patients to increase the length of the consultations.

Care planning and involvement in decisions about care and treatment

Patients told us they did not feel involved in decision making about the care and the treatment they received. They also told us they did not feel listened to and supported by staff. They had sufficient time during consultations but were not involved in the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients generally responded positively to questions about their involvement in planning and making decisions about their care and treatment. However results were in lower than both CCG and national averages.

For example:

- 73% 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%.

Are services caring?

- 65% of patients said the last GP they saw was good at involving them in decisions about their care which is lower than the CCG average of 74% and the national average of 82%.
- 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% national average of 85%.

The practice had been working on the use of good care plans which were formulated with the patients and were signed by them. This ensured that the patient had input in the management of their conditions. They also promoted patient education sessions which were delivered by Newham CCG for various conditions like cancer, diabetes and healthy lifestyles so that patients were educated and empowered to manage their condition alongside the practice.

Most of the 17 patients we spoke with on the day felt involved in options for their treatment and where they were referred to.

- The practice had diabetes information in other languages and an account with the Department of Health Publications which had all patient leaflets in many languages so that they may order any publication they needed.

- We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

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 168 patients as carers, this equates to 2% of the practice list. A poster on display in the waiting area advised patients to identify themselves to the practice if they were carers. Patients who were carers were prioritised for appointments where necessary. Written information was available to direct carers to the various avenues of support available to them and the practice has a carer's policy.

Staff told us 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

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example;

- The practice offered evening appointments until 8pm Monday to Friday, early morning appointments from 7am Tuesdays and Thursdays, and weekend appointments openings from 8am-2pm 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 require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice offered a private room for breastfeeding mothers.
- The practice had an arrangement with the local chemist to send prescriptions electronically.

Access to the service

In addition to pre-bookable appointments were available up to four weeks in advance, urgent appointments were also available for people needed them. Outside of these hours, cover was provided by the Newham Co-op out of hours GP service which operated from 8pm to midnight, seven days a week and the NHS 111 service. Information about out of hour's services was available in the practice leaflet and was on display in the reception area.

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

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 78%.

55% of patients said they could get through easily to the practice by phone compared to the CCG average of 61% national average of 73%.

The practice have increased the number of staff available to answer calls. They have also introduced call handling training to improve the patient experience.

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

Patients who required a home visit were advised to contact the practice before 11am. The GP would then contact the patient or carer to assess the urgency of the problem and discuss how best to proceed. The practice advised children should be brought in to the practice as they would be prioritised for appointments rather than waiting for a home visit. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The senior practice operations manager was the designated responsible person who handled all complaints in the practice.
- We saw information was available to help patients understand the complaints system. For example, information was available in the practice leaflet which was on display and given to new patients. A comments and complaints box was in reception.

We looked at four complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action were taken as a result to improve the quality of care. For example; in response to a complaint regarding a referral being delayed by a locum not following the appropriate procedures led to improved locum induction, with administration staff double checking.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice's mission statement was to improve the health, well-being and lives of those they cared for. Staff knew and understood the practice's values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and 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 robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the LMDs 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 LMDs were approachable and always took the time to listen to all members of staff.

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 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 LMDs encouraged a culture of openness and honesty. The practice had systems in place to ensure when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- 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.
- Each staff member had five days of training allocated to them every year as well as mandatory training.
- Staff said they felt respected, valued and supported, particularly by the LMDs in the practice. All staff were involved in discussions about how to run and develop the practice, and the LMDs encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, a PPG member was on the interview panel for the recently appointed Senior Practice Operations Manager. This has resulted in an improved relationship between the practice and PPG.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss

Are services well-led?

Good 

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

any concerns or issues with colleagues and management. For example; to tackle negative comments through NHS Choices a receptionist suggested making an iPad available for all patients to add their feedback. This suggestion was taken on board

and the numbers of comments have increased with a more significant increase in positive comments. The suggestion was taken to other Hurley sites to increase their comments too.