

Dr Abul Kashem Mohammed Zakaria

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Inadequate



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive follow up inspection at Dr Abul Kashem Mohammed Zakaria on 17 November 2016. Overall the practice is rated as inadequate.

This inspection was a follow up to earlier inspections carried out on 17 June 2015 and 25 February 2016.

Following the inspection on 17 June 2015 the practice was rated inadequate overall and placed in special measures. There were breaches in legal requirements relating to the provision of safe and well-led services and these key questions were rated inadequate. Effective was rated requires improvement because there were no completed clinical audits. Caring and responsive were rated good. After the inspection the provider submitted an action plan detailing how it would make improvements and when the practice would be meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Following the inspection on 25 February 2016, which we carried out to consider whether sufficient improvements

had been made and to identify if the provider was now meeting legal requirements and associated regulations, the practice was rated requires improvement overall and remained in special measures. The provider had made improvements; however there continued to be a breach in the legal requirement relating to the provision of well-led services in the areas of medical record keeping and clinical audit, and this key question was rated inadequate. Safe, effective, caring, and responsive were rated requires improvement. After the inspection the provider submitted an action plan detailing how it would make further improvements and when the practice would be meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

At our inspection on 17 November 2016 we found some further improvement had been made, however there continued to be shortfalls in medical record keeping and we also found medicines were not always properly and safely managed. The provider had enlisted external help and support to enable it to strengthen leadership and governance and to address shortcomings in medical record keeping. An action plan was in place and progress was being made. However, until processes to maintain

Summary of findings

complete medical records were embedded people were at high risk of avoidable harm; and until effective governance and performance management arrangements are embedded, the delivery of high-quality person-centred care cannot be assured.

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

- There continued to be shortcomings in medical record keeping and we found shortfalls in prescribing practice.
- National GP patient survey results showed patients rated the practice lower than others for aspect of care and access to the service. The provider had a patient survey action plan to address this but was not checking that the plan was working.
- Improvements were made to the quality of care as a result of complaints and concerns, however, information about alternatives to complaining to the provider, or about taking a complaint further was not readily available.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment, and further training was ongoing as required.
- The provider had enlisted external help and support from NHS England and the Royal College of General Practitioners (RCGP) to strengthen leadership and governance, and progress was being made on an action plan to address skills deficits and embed practice processes.
- Staff felt supported and enthused to make changes to improve patient care. The practice proactively sought feedback from staff and patients, which it acted on.
- There was an open and transparent approach to safety and a system was in place for reporting and recording significant events.
- The provider had increased the number of appointments available, and was promoting the uptake of online booking to make it easier for patients to make an appointment.
- Patients said there was continuity of care, with urgent appointments available the same day. Patients were pleased that a female GP was working at the practice.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Action was being taken to strengthen leadership capacity and governance arrangements.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure processes are in place to maintain a complete record in respect of each patient, including a record of the care and treatment provided and of decisions taken in relation to the care and treatment provided.
- Ensure the proper and safe management of medicines.

The areas where the provider should make improvement are:

- Continue to implement the NHS England Support for Vulnerable GP Practices Programme action plan.
- Review the practice's system for recording action taken on patient safety alerts.
- Review arrangements for the identification and support of carers amongst its patient list.
- Provide appropriate information about the complaints process, advocacy help and routes for escalation.

This service was placed in special measures in August 2015 and for a second period following our inspection on 25 February 2016. Following our most recent inspection on 17 November 2016 insufficient improvements have been made such that there remain ratings of inadequate for safe and well-led. The service remains in special measures and will be inspected again within three months, and if there is not enough improvement we will move to close the service. The service will be kept under review and if needed could be escalated to urgent enforcement action.

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 inadequate for providing safe services.

- Medical record keeping was improving. However, until processes were embedded to maintain complete medical records, people were at high risk of avoidable harm.
- Procedures for safe repeat prescribing of medicines were not always adhered to.
- Other risks to patients were assessed and managed.
- There was a 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.

Inadequate



Are services effective?

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable with the national average, however prevalence figures were unrepresentative of the practice population and unreliable.
- An action plan was in place to develop and implement a reliable Read Coding workflow to address inadequate prevalence figures and build up disease registers. Read Coding is a standardised system used in the NHS to capture patient information so that a GP practice can make lists of patients to help organise and optimise their care.
- Clinical audits demonstrated quality improvement.
- Staff were being given the skills, knowledge and experience to deliver effective care and treatment, and further training was ongoing as required.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Requires improvement



Are services caring?

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

Requires improvement



Summary of findings

- Data from the latest national GP patient survey showed patients rated the practice lower than others for some aspects of care, for example being listened to. The provider had a patient survey action plan to address this, however it was not monitoring whether the plan was working.
- The practice had identified few carers amongst its patients.
- The provider had engaged a female GP to work at the practice and had increased the number of appointments available.
- Patients told us they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

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

Requires improvement



- Data from the latest national GP patient survey showed patients rated the practice lower than others for some aspects of responsiveness, for example how long they had to wait to be seen. The provider had a patient survey action plan to address this, however it was not monitoring whether the plan was working.
- Information about how to complain was available and evidence showed the practice responded quickly to issues raised. However, information about alternatives to complaining to the provider, or about taking a complaint further was not readily available to patients. Learning from complaints was shared with staff.
- Patients said there was continuity of care and urgent appointments were available the same day. Patients were especially pleased that a female GP had started working at the practice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Are services well-led?

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

Inadequate



- Governance arrangements continued to be insufficient to provide assurance of the delivery of high-quality person-centred care, despite the service being in special measures since August 2015.

Summary of findings

- The provider had enlisted the support of NHS England and of their professional body, the Royal College of General Practitioners (RCGP) to develop and implement an action plan to enable them to better assess, monitor and improve the quality of care provided. The action plan was agreed in May 2016 and the RCGP support started in August 2016.
- The action plan addressed deficiencies in leadership capacity and capabilities, and in practice processes. We saw progress was being made.
- Staff were clear about the action plan and their responsibilities in relation to it. They were enthusiastic about the changes being made at the practice.
- Staff felt supported by management and there were regular practice and clinical team meetings.
- The provider was aware of and complied with the requirements of the duty of candour. The provider 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.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice is rated as inadequate for providing safe and well led services, and as requires improvement for providing effective, caring and responsive services. The issues identified affected all patients including this population group.
- 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 GP worked with relevant health and care professionals to deliver a multidisciplinary package of care for those patients with the most complex needs.

Inadequate



People with long term conditions

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

- The practice is rated as inadequate for providing safe and well led services, and as requires improvement for providing effective, caring and responsive services. The issues identified affected all patients including this population group.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- An action plan was in place to develop and implement a reliable Read Coding workflow to address inadequate prevalence figures for some conditions, and to build up disease registers.
- Longer appointments and home visits were available when needed.
- The GP and practice nurse worked with relevant health and care professionals to deliver a multidisciplinary package of care for those patients with the most complex needs.

Inadequate



Families, children and young people

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

Inadequate



Summary of findings

- The practice is rated as inadequate for providing safe and well led services, and as requires improvement for providing effective, caring and responsive services. The issues identified affected all patients including this population group.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. Immunisation rates were comparable with local CCG averages for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Performance against Quality and Outcomes Framework (QOF) indicators for cervical screening was comparable to CCG and national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

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

- The practice is rated as inadequate for providing safe and well led services, and as requires improvement for providing effective, caring and responsive services. The issues identified affected all patients including this population group.
- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it provided to offer an accessible and flexible service and continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Inadequate



People whose circumstances may make them vulnerable

- The practice is rated as inadequate for providing safe and well led services, and as requires improvement for providing effective, caring and responsive services. The issues identified affected all patients including this population group.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

Inadequate



Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The practice is rated as inadequate for providing safe services, and as requires improvement for providing effective and well led services. The issues identified as requiring improvement overall affected all patients including this population group.
- In 2015-16 the provider had identified 1.33% of its practice list as experiencing poor mental health (CCG average 1.11%, England average 0.9%). All of these patients had a comprehensive care plan documented in the record (CCG average 78%, England average 77.5%).

Inadequate



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. Three hundred and sixty two survey forms were distributed and 98 were returned. This represented three per cent of the practice's patient list.

- 58% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 58% of patients were able to get an appointment to see or speak to someone the last time they tried (national average of 76%).
- 68% of patients described the overall experience of this GP practice as good (national average of 85%).
- 62% of patients said they would recommend this GP practice to someone who has just moved to the local area (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 44 comment cards which were all positive about the standard of care received. A few comments were made welcoming the addition of a female GP to the practice team.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they and their families received and thought staff were approachable, committed and caring. Two of the four patients added that their appointments could be delayed.

The practice's Friends and Families Test showed 68% patients recommend this practice, based on 19 responses.

Dr Abul Kashem Mohammed Zakaria

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a second CQC inspector, and a practice manager specialist adviser.

Background to Dr Abul Kashem Mohammed Zakaria

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

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

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

Services are provided by Dr Abul Kashem Mohammed Zakaria, a Registered Individual, under a General Medical Services (GMS) contract with NHS England.

The practice is in purpose built premises. All the patient areas are on the ground floor which is accessible to

wheelchair users. There is a reception area, two waiting areas, two GP consulting rooms and the practice nurse's treatment room. The practice is close to public transport and there is on street parking nearby.

Three GPs work at the practice, two male and one female. Together they provide 11 to 12 clinical sessions a week, the equivalent of 1.2 to 1.3 whole time equivalent GPs. A part time practice nurse and part time healthcare assistant each work 12 hours per week. There is a full time practice manager and medical administrator and five part time receptionist staff.

The practice's opening times are:

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

Outside these times patients are directed to a GP out of hours service.

GP consulting hours are:

- 10.00am to 12.00pm and 4.00pm to 6.30pm on Monday and Friday
- 10.00am to 12.00pm and 4.00pm to 7.30pm on Tuesday
- 10.00am to 12.00pm and 4.00pm to 8.30pm on Wednesday
- 10.00am to 12.00pm on Thursday

Detailed findings

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

The practice was previously inspected on 17 June 2015 when it was rated inadequate overall and placed in special measures. There was a follow up inspection on 25 February 2016 when the practice was rated requires improvement overall: it continued to be rated inadequate for providing a well-led service however, and so was placed in special measures for a further six month period.

Why we carried out this inspection

We carried out a comprehensive inspection of this service on 17 November 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions.

The practice was rated inadequate overall in June 2015 and was placed into special measures in August 2015. Being placed into special measures represents a decision by CQC that a service has to improve within six months to avoid CQC taking steps to cancel the provider's registration. Requirement notices set out the action we told the provider to take following the inspection we carried out in June 2015.

A follow up inspection was carried out on 25 February 2016. Improvements had been made since the inspection in June 2015 and the practice was rated requires improvement overall. However the practice continued to be rated inadequate for one of the five key questions (Are services well-led?) and remained in special measures for a further six month period. We served a warning notice following this inspection in respect of processes not being in place to maintain complete medical records.

The inspection on 17 November 2016 was planned to consider whether sufficient improvements had been made and to identify if the provider was now meeting legal requirements and associated regulations.

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 17 November 2016.

During our visit we:

- Spoke with a range of staff (GP, nursing, practice management and receptionist staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with family members
- Reviewed a sample of medical records of patients.
- Reviewed comment cards where patients 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).

Detailed findings

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

Are services safe?

Our findings

We first inspected the practice on 17 June 2015 and the practice was rated inadequate for providing safe services: a recognised method for identifying, recording and managing risks (for example, significant event analysis) was not in use; the practice was not equipped with medical oxygen and an automated external defibrillator (AED); staff had not completed basic life support training; arrangements were not in place for patients to access a female GP when required; not all staff that might be called on to act as a chaperone had been DBS checked; infection prevention and control policies and procedures had not been made specific to the practice, staff had not completed infection control training, and an infection control audit had not been carried out; and none of the sample of medical records we looked at provided a complete record of the patient consultation.

At our follow up inspection on 25 February 2016 we found the practice had remedied all of the above deficiencies except for medical record keeping. Improvement in medical record keeping had been made, however complete medical records were still not being adequately maintained for each patient seen at the practice. The practice was rated requires improvement for safe.

At our inspection on 17 November 2016 we found processes were being put in place to maintain complete medical records for each patient seen at the practice and record keeping had improved further. However, three of the fourteen records we looked at were incomplete, and until processes to maintain complete medical records were embedded people were at high risk of avoidable harm. We also found procedures for repeat prescribing to maximise medicines safety were not always adhered to, increasing the risk that people were harmed.

Safe track record and learning

There was a 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.

- There was a written policy to support the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of the significant events.

We reviewed incident reports and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice, for example when a referral letter was posted to the wrong patient by mistake. Training had been provided to staff to ensure they took greater care in future to maintain patient confidentiality.

GPs received patient safety alerts; however the practice did not keep a record of how each alert was acted on. The practice's records we saw consisted of a copy of the first page of an alert with the practice nurse's signature at the top of the page. The records contained no information about what the practice had done to action the alert.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place in respect of safeguarding from abuse, chaperone arrangements, infection prevention and control and recruitment. There had been improvement in medical record keeping, however there were still shortfalls. Many of the arrangements for managing medicines were in place; however, procedures for repeat prescribing safely were not always adhered to.

- We looked at the records of 14 patient consultations chosen at random. Eleven of them included the history, a diagnosis, a follow up plan, and the investigations and / or treatment provided or arranged. Two of the three remaining records were missing one of these elements. The third remaining record was missing two of the elements.

Are services safe?

This was an improvement on what we found at our last inspection on 25 February 2016 when three of the 9 records we looked at were missing two or more of the above elements.

An action plan to continue to improve medical record keeping was in progress and the provider was receiving external supervision and support as part of the action plan.

- The practice carried out medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The practice nurse had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the provider for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. The healthcare assistant did not administer any vaccines. Guidelines for reviewing high risk medicines were not being adhered to, however, and medicines reviews were overdue for some patients. For example:
 - We looked at the records of nine patients diagnosed with rheumatoid arthritis. The records of two patients taking methotrexate (a medicine for arthritis) showed blood tests to check for early signs of side effects were not being carried out as regularly as they should be, in accordance with clinical guidance.
 - We looked at the records of 11 patients diagnosed with atrial fibrillation (AF). They showed patients taking a medicine for this condition were being managed appropriately.
 - We looked at the records of 14 other patients chosen at random. Four of these showed a medicines review was overdue in accordance with national guidelines. The provider undertook to complete these reviews as a priority.
 - 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. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
 - The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The provider was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. An infection control audit had been undertaken within the previous 12 months and we saw evidence that action was taken to address any improvements identified as a result.
 - We reviewed one personnel file 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

Other risks to patients and staff were assessed and managed.

- There was a health and safety policy available with a poster in the waiting area which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to

Are services safe?

monitor safety of the premises such as 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. The provider had engaged a part time female locum GP and had increased the number of available appointments.

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.

- All staff received up to date 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. The plan included emergency contact numbers for staff. However a copy of the plan was not kept off site.

Are services effective?

(for example, treatment is effective)

Our findings

We first inspected the practice on 17 June 2015 and the practice was rated requires improvement for providing effective services. The practice had not carried out any two-cycle clinical audits. At our follow up inspection on 25 February 2016 we found some improvement had been made including completion of a two-cycle audit. However, this audit and other first cycle audit we reviewed showed the provider did not plan changes effectively to improve patient outcomes. The practice continued to be rated requires improvement for effective.

At our inspection on 17 November 2016 we found clinical audit had been used effectively to improve outcomes for patients. Also, a more systematic Read Coding workflow was being implemented to develop disease registers that would make Quality and Outcome Framework (QOF) figures more reliable. However, until such registers were completed people were at risk of not receiving effective care or treatment.

Effective needs assessment

- We looked at the records of 14 patient consultations chosen at random. They showed the care provided was based upon current accepted evidence.
- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and attended CCG professional development events.
- The practice was developing further ways of monitoring that these guidelines were followed, for example through the use of audits.

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 practice recognised however that further work was required to capture patient information more systematically and comprehensively through Read Coding in order to make QOF information more reliable. For example, in 2014-15 the ratio of reported versus expected prevalence for chronic obstructive pulmonary disease (COPD) was 0.13 and very low compared to other practices (CCG average 0.35,

England average 0.63). An action plan was being implemented to address inadequate prevalence figures, and COPD had been identified as a priority. In 2015-2016, the practice had identified 0.35% of its practice list as having COPD (CCG average 0.92%, England average 1.82%).

QOF results in 2015-16 results were 95% of the total number of points available. This compared with 92% in 2014-15. Exception reporting for the clinical domain was 3.3% (CCG average 6.5%, England average 9.5%). In 2014-15 exception reporting for the clinical domain had been 3.1% (CCG average 6.6%, England average 9.2%), and within that there had been high rates of exception reporting for peripheral arterial disease (practice 17%, CCG 6%, England 6%), depression (practice 50%, CCG 28%, England 24.5%) and mental health (practice 33%, CCG 7%, England 11%). In 2015-16 exception reporting for each of these domains was 0%. (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 in 2014-15, and data for 2015-16 showed improved performance for some targets:

- Performance for diabetes related indicators was comparable to national averages, for example:
 - the percentage of people with diabetes in whom the last IFCC-HbA1C (a measure of blood sugar levels) is 64 mmol/mol or less in the preceding 12 months was 65% (national average 78%). The percentage was 66% in 2015-16.
 - the percentage in whom the last blood pressure reading within the preceding 12 months is 140/80 mmHg or less was 63% (national average 78%). The percentage was 89% in 2015-16.
 - the percentage whose last measured total cholesterol within the preceding 12 months is 5 mmol/l or less was 87% (national average 81%). The percentage was 83% in 2015-16.

There was evidence of quality improvement including clinical audit.

- There had been three completed, two-cycle clinical audits carried out in last year where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result included a

Are services effective?

(for example, treatment is effective)

reduction in the number of oral NSAIDs (non-steroidal anti-inflammatory drugs) prescribed to patients with either chronic kidney disease (CKD) or cardiovascular disease (CVD), from 9% at the beginning of July 2016 to 2% at the beginning of October 2016, demonstrating a change in practice in line with current guidance and reduced risk of harm to patients.

- The practice participated in local audits and benchmarking.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment, and further training was ongoing where required.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example for those reviewing patients with long-term conditions.
- 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 clinical meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. External diagnostic support had been provided by NHS England. 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 education and supervision. The provider was revalidated in 2015, and facilitation and support for revalidation of the practice nurse, due in 2018. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and infection control. 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 being made available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- Information included care and risk assessments, care plans, medical records and investigation and test results. An action plan was in place to improve the completeness and reliability of this information.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place at the practice with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff were aware of the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA). However they had not received formal MCA training.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Supporting patients to live healthier lives

The practice was implementing an action plan to identify systematically 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.
- Healthy lifestyles advice was available from the GP and healthcare assistant and patients were also signposted to local services, for example the exercise on prescription scheme and pharmacies offering a smoking cessation service.

Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 89%, which was comparable to the CCG average of 81% and the national average of 82%. The uptake in 2015-16 was 88%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available and offered the test opportunistically. 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.

Childhood immunisation rates for the vaccinations given in 2015-2016 were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 25.5% to 94.5% (CCG rates ranged from 30.5% to 94%) and five year olds from 73% to 92% (CCG rates ranged from 75% to 93%).

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

Are services caring?

Our findings

We first inspected the practice on 17 June 2015 and the practice was rated good for providing caring services, based in part on the results of the national GP patient survey published in January 2015.

At our follow up inspection on 25 February 2016 the practice was rated requires improvement for providing caring services. The results of the national GP patient survey published in January 2016 showed the practice's performance was significantly below national average for two questions relating to patients' experience of the caring aspect of the service they received, and the provider had no action plan in place to address this.

At our inspection on 17 November 2016 we found some improvement in patients' ratings of the care aspects of the service they received, based on the national GP patient survey published in July 2016; however the practice was still rated below CCG and national averages. There was a patient survey action plan to address this, however the provider was not monitoring whether the action plan was working. We also found the practice had identified few carers amongst its patient list.

The provider had engaged a female GP to work at the practice, increased the number of appointments available, and was promoting the uptake of online services for booking an appointment and requesting a repeat prescription.

Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect.

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

All of the 44 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an

excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately patients needed help and provided support when required.

We spoke with four members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients rated the practice lower than others on consultations with GPs and nurses. For example:

- 70% 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%.
- 74% of patients said the GP gave them enough time (CCG 78%, national 87%).
- 87% of patients said they had confidence and trust in the last GP they saw (CCG 91%, national 95%)
- 70% of patients said the last GP they spoke to was good at treating them with care and concern (CCG 77%, national 85%).
- 80% of patients said the last nurse they spoke to was good at treating them with care and concern, (CCG 81%, national 91%).
- 74% of patients said they found the receptionists at the practice helpful (CCG 81%, national 87%).

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients rated the practice lower than others in response to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 75% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.

Are services caring?

- 68% of patients said the last GP they saw was good at involving them in decisions about their care (CCG 75%, national 82%).
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG 77%, national 85%).

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

- Staff told us that translation services were available for patients who did not have English as a first language. Staff spoke languages in common with patients including Bengali, Urdu, Punjabi and Hindi, as well as English, and external translation services were also available when required.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 11 patients as carers (0.3% of the practice list). The practice offered carers annual flu immunisation and signposted them to local carers support groups.

Staff told us that if families had suffered bereavement, the GP contacted them to offer their condolences and support. Information about local support services was available.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We first inspected the practice on 17 June 2015 and the practice was rated good for providing responsive services.

At our follow up inspection on 25 February 2016 the practice was rated requires improvement for providing responsive services. Patients could not access a female GP at the practice and no complaints had been captured so that the practice could learn from this form of patient feedback.

At our inspection on 17 November 2016 we found there was a female GP working at the practice part time and the practice had revised how it captured patient complaints, including verbal complaints and patient reviews left on the NHS Choices website. The provider was acting on these complaints to improve the service, for example a system had been implemented to reduce how long patients were waiting to be seen; however the effectiveness of the new appointment system was not being monitored.

Information about alternatives to making a complaint to the provider, or about taking a complaint further was not made readily available for patients.

Patients found it difficult to get through to someone at the practice by phone.

Responding to and meeting people's needs

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

- The practice had been commissioned to take part in the additional capacity scheme in Newham where GP practices were providing more GP appointments following the closure of a local walk-in service.
- The practice offered appointments up until 7.30pm on Tuesdays (additional capacity) and up to 8.30pm on Wednesday (extended hours) for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and for some procedures such as spirometry.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.

- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities, a hearing loop and translation services available.
- In response to patient feedback via surveys, the patient participation group and reviews left on the NHS Choices website the practice had increased the number of appointments available to patients, engaged a female GP locum to work at the practice three sessions a week, encouraged patients to use the online appointment booking service, was making greater use of evening and weekend appointments provided by the GP federation, and had implemented a system to support the provider to run to time.

Access to the service

The practice's opening times were:

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

Outside these times patients were directed to a GP out of hours service.

GP consulting hours were:

- 10.00am to 12.00pm and 4.00pm to 6.30pm on Monday and Friday.
- 10.00am to 12.00pm and 4.00pm to 7.30pm on Tuesday.
- 10.00am to 12.00pm and 4.00pm to 8.30pm on Wednesday.
- 10.00am to 12.00pm on Thursday.

In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patients rated the practice lower than others for some aspects of access to care and treatment:

Are services responsive to people's needs?

(for example, to feedback?)

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 79%.
- 58% of patients said they could get through easily to the practice by phone (CCG 60%, national 73%).
- 71% of patients however felt they normally had to wait too long to be seen (CCG 50%, national 34%).

Staff were promoting the uptake of online services to reduce the pressure on the phones, and there was an action plan to reduce the length of time patients waited after their appointment to be seen, however the practice was not monitoring whether or not the actions were working.

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

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns and was expanding this to capture and learn from verbal and informal complaints and reviews left on the NHS Choices website.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. However, information about alternatives to making a complaint to the provider, or about taking a complaint further was not made readily available for patients, for example in the written response to a complaint.

- There was a designated responsible person who handled all complaints in the practice.
- We saw the practice had simplified the complaints form and made the text bigger to help patients in making a complaint. Staff were being encouraged to record verbal complaints.

We looked at seven complaints received in the last 12 months, one of which had required a written response. This complaint had been dealt with in a timely and open way; however the final response did not contain information for the complainant about how to escalate their complaint if they chose, for example to the Parliamentary and Health Service Ombudsman (PHSO). The other complaints had been resolved locally without recourse to the formal complaints system.

We reviewed the provider's responses to patient reviews left on the NHS Choices website. These responses were open and transparent and clearly set out the action the provider was taking to improve the service, for example to improve time keeping. The provider was also acknowledging positive reviews left on the NHS Choices website.

Complaints were discussed in practice meetings to raise awareness of patients' concerns and to explore ways of doing things differently in future where possible, for example the provider was seeing fewer patients each session so that patients did not wait too long beyond their appointment time.

Are services well-led?

Inadequate 

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

Our findings

We first inspected the practice on 17 June 2015 and the practice was rated inadequate for providing well-led services: practice policies and procedures had not been customised to reflect the practice's own arrangements; there was no ongoing programme of clinical audits to monitor quality; none of the medical records we looked at provided a complete record of the patient's consultation; there was no formal method of identifying, recording and managing risks; no formal risk assessment had been carried out to justify the provider's decision not to equip the practice with an automated external defibrillator (AED); and records were not maintained of clinical and staff meetings.

At our follow up inspection on 25 February 2016 we found a number of improvements had been made including customising practice policies and procedures, using a recognised significant event analysis tool to maximise learning from incidents, equipping the practice with an AED, putting in place arrangements for patients to access a female GP at a neighbouring practice, and maintaining written records of clinical and practice meetings. However, systems and processes continued to not be in place to improve patient outcomes through clinical audit and to maintain complete medical records. This key question continued to be rated inadequate and we served a warning notice in respect of processes not being in place to maintain complete medical records.

At our inspection on 17 November 2016 we found systems and processes were being put in place to maintain complete medical records and to improve patient outcomes through clinical audit. We saw three completed, two-cycle audits where improvements had been implemented and monitored, and had led to improved outcomes. However, while there had been further improvement, complete medical records were still not being maintained for each patient seen at the practice, placing them at risk of avoidable harm.

The practice was receiving external supervision and support and implementing an action plan to strengthen leadership and governance and the delivery of high-quality person-centred care. The action plan was agreed in May 2016 and the practice entered into the RCGP peer support programme for practices placed in special measures in

August 2016. However, until effective governance and performance management arrangements are embedded, the delivery of high-quality person-centred care cannot be assured.

The practice had also engaged a female GP locum, working three sessions a week at the practice.

Vision and strategy

An action plan was in place to strengthen leadership and governance to support the delivery of high-quality person-centred care.

- The practice had enlisted outside help and support, including NHS England's Support for Vulnerable GP Practices Programme and the RCGP peer support programme for practices placed in special measures.
- A diagnostic assessment had been completed in May 2016 and a detailed action plan had been agreed with the provider to address shortcomings in basic skills and practice processes.
- The action plan addressed consultation skills, record keeping skills, improving the responsiveness of the service, implementing a reliable Read Coding workflow, monitoring quality, and improving capture of patient complaints.
- The provider's professional body was providing ongoing direct advice and mentoring to the practice.

Governance arrangements

An action plan was in place to strengthen and embed a governance framework that would support the delivery of the vision and good quality care. The governance framework provided structures and procedures so that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were available to all staff and were being implemented.
- Systems for maintaining a comprehensive understanding of the performance of the practice were being developed. Work was underway to develop disease registers and to Read Code patient information in a systematic way. Nursing and non clinical staff were involved in this work, as well as the GP, and had received relevant training.

Are services well-led?

Inadequate 

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

- A programme of clinical and internal audit was used to monitor quality and to make improvements. However, some action plans, for example in response to lower than average national patient survey results were not being supported by ongoing monitoring and audit.
- Processes were being put in place to maintain complete clinical records. This included training, reflective practice, support from a GP educator, and a medical record keeping audit. A two-cycle audit was completed in October 2016 and showed progress had been made since August 2016, and further audit was planned.
- There were some arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported by the provider and the practice manager and by one another. All staff were involved in discussions about how to run and develop the practice, and the provider encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Staff valued the external support being provided to the practice and were enthusiastic about the changes being made, for example that systems were being embedded and that work was more organised; there was a female GP; they were learning new things; the provider was doing fewer clinical sessions and so could attend to other things as well; and that this was all resulting in better patient care and more satisfied patients.

Leadership and culture

The provider told us they prioritised providing a responsive service and appropriate care, and to continue to improve the quality of patient care. They told us they were working hard to implement the practice development action plan. Staff told us the provider and practice manager 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 that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The provider encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

There was an organisational structure in place and staff felt supported by management.

- Staff told us the practice held regular practice and clinical team meetings.

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. The PPG met regularly and helped plan the annual practice patient survey and submitted proposals for improvements to the practice management team. For example, they had expressed concern that it was difficult to get through to the practice first thing in the morning to make an appointment and that appointments ran late. In response to this, reception staff were signing up more patients for the online booking service and had put a system in place to support the provider to keep to time.
- The practice had gathered feedback from staff through practice meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

Are services well-led?

Inadequate 

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

The provider and the practice team were committed to learning and developing, and to improving the service provided to patients.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

| Regulated activity | Regulation |
|--|--|
| Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>Medicines were not properly and safely managed. Therapeutic monitoring was not used to optimise individual dosage regimens for all patients on high risk medicines, and medicines reviews were overdue for some patients.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |

Enforcement actions

Action we have told the provider to take

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

| Regulated activity | Regulation |
|--|--|
| Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>Processes were not in place to maintain a complete record in respect of each patient, including a record of the care and treatment provided and of decisions taken in relation to the care and treatment provided.</p> <p>Three of the fourteen records we reviewed were not complete. Shortcomings in record keeping had been identified at our inspections in June 2015 and in February 2016; and while there had been improvement, the shortcomings had not been addressed fully.</p> <p>This was in breach of Regulation17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |