

Seven Kings Practice

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

Summary of findings

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Overall summary

We carried out an announced comprehensive inspection at Seven Kings Practice on 6 December 2016. Overall the practice is rated as good.

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

- Most risks to patients were assessed and well managed although on the day of the inspection, the only emergency medicine available at the practice was adrenalin. However a suitable range of emergency medicines had been delivered to the practice within three days of the inspection.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.

- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider should make improvement are:

- Continue to monitor supplies of emergency medicines and ensure these reflect the regulated activities undertaken at the practice.
- Review procedures for managing repeat prescriptions, including steps to undertake earlier reviews of uncollected prescriptions.

Summary of findings

- Consider developing a quality improvement programme which identifies where practice specific improvements can be made.
- Review the complaints system to ensure that all complaints, including those made verbally are effectively recorded and used to improve care.

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 requires improvement for providing safe services.

Requires improvement



- Most risks to patients were assessed and well managed although on the day of the inspection, the only emergency medicine available at the practice was adrenalin. However the practice had undertaken an immediate risk assessment of this situation and a suitable range of emergency medicines had been delivered to the practice within three days.
- 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.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Are services effective?

The practice is rated as good for providing effective services.

Good



- 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 although it was not clear that there was a quality improvement programme which reflected the specific needs of the practice population.
- 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.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said 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 good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the local Clinical commissioning group to secure improvements to services where these were identified.
- 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 although the practice did not have records of any verbal complaint received. Evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a 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.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- The provider was aware of and complied with the requirements of the duty of candour. The partners 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.

Summary of findings

- 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 good for the care of older people.

Good



- 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.
- Outcomes for conditions often associated with older people were in line with local and national averages. For instance, 90% of patients with hypertension had well controlled blood pressure, compared to the CCG average of 82% and the national average of 84%.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators were comparable to CCG averages and the national average. For instance, 73% of patients had well controlled blood sugar levels (CCG average of 70%, national average 78%). The percentage of patients on the diabetes register, with a record of a foot examination within the preceding 12 months was 94% (CCG average 83%, national average 88%).
- Longer appointments and home visits were available when needed.
- The practice provided an in-house phlebotomy service. Patients who were housebound could request home visits for blood tests.
- 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.

Families, children and young people

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

Good



Summary of findings

- 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. Immunisation rates were relatively high 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.
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 82% and the national average of 82%.
- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 97% (national average 73% to 95%) and five year olds from 80% to 95% (national average 81% to 95%).
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

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.
- 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.

Good



People whose circumstances may make them vulnerable

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.
- 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.

Good



Summary of findings

- 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 good for the care of people experiencing poor mental health (including people with dementia).

- 81% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the CCG average of 83% and the national average of 84%.
- 100% of patients (24 patients) with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record.
- 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.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Three hundred and forty four survey forms were distributed and 112 were returned. This represented 1% of the practice's patient list.

- 80% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 69% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 93% of patients described the overall experience of this GP practice as good compared to the national average of 85%).

- 86% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to 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 22 comment cards which were all positive about the standard of care received. Patients said staff were helpful and that clinical staff were caring and compassionate.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Seven Kings 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 GP specialist adviser.

Background to Seven Kings Practice

Seven Kings Practice provides GP primary care services to approximately 3,800 people living in Seven Kings, London Borough of Redbridge. The practice has a General Medical Services (GMS) contract for providing general practice services to the local population. General Medical Services (GMS) contract is the contract between general practices and NHS England for delivering primary care services to local communities.

Information published by Public Health England rates the level of deprivation within the practice population group as five on a scale of one to ten. Level one represents the very highest levels of deprivation and level ten the lowest. This information also shows that Income Deprivation Affecting Older People (IDAOPI) is 27% which is above the CCG average of 21% and the national average of 16%. Income Deprivation Affecting Children (IDACI) is 23% (CCG average 19%, national average 20%).

There are currently two GP partners, one male and one female, both of whom are full time. There is one part time salaried GP. The practice provides a total of 18 GP sessions per week.

The clinical team is completed by a practice nurse who works part time. There is also a practice manager, an assistant practice manager and six administrative and reception staff.

The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures and treatment of disease, disorder or injury.

The practice is located in a purpose built health centre. Although consulting rooms are located on the second floor, there is a street level access from the front aspect of the building. .

The practice opening hours for the surgery are:

Monday 8:30am to 6:30pm

Tuesday 8:30am to 6:30pm

Wednesday 8:30am to 6:30pm

Thursday 8:30am to 12:00pm

Friday 8:30am to 6:30pm

Saturday Closed

Sunday Closed

Practice patients also have access to bookable appointments at a local hub service between 6:30pm and 10:00pm every day and between 8:00am and 8:00pm on Saturdays and Sundays. When the practice is closed, the practice has arranged for patients to access an out-of-hours provider.

Patients can book appointments in person, on-line or by telephone. Patients can access a range of appointments with the GPs and nurses. Face to face appointments are available on the day and are also bookable up to four weeks in advance. Telephone consultations are offered where advice and prescriptions, if appropriate, can be

Detailed findings

issued and a telephone triage system is in operation where a patient's condition is assessed and clinical advice given. Home visits are offered to patients whose condition means they cannot visit the practice.

The practice has opted not to provide out of hours services (OOH) to patients and these are provided on the practice's behalf by The Partnership of East London Co-operatives (PELC). The details of the how to access the OOH service are communicated in a recorded message accessed by calling the practice when it is closed and details can also be found on the practice website.

The practice was inspected in September 2013 using our previous inspection methodology and was found to be meeting the required standards in place at the time.

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.

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 6 December 2016. During our visit we:

- Spoke with a range of staff including GPs, practice manager, practice nurse and members of the administration and reception teams 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 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

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

We looked at records of significant events and saw that the practice had recorded three significant events in the previous three years. We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw details of an occasion when a secondary care specialist had advised the practice to stop a patient's existing medicine and to commence the patient on an alternative treatment. The patient had been prescribed the new medicine but had also received a prescription for the medicine which should have been stopped. The practice had reviewed the incident and had identified weaknesses in the repeat prescribing policy. As a result of the incident, the repeat prescribing policy had been rewritten to prevent a recurrence of the incident. For instance, the process now included a step to inform a patient's regular pharmacist when a repeat prescription had been changed.

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 were trained to child protection or child safeguarding level 3. The practice nurse was trained to level 2 and all other staff were trained to level 1.
- 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 practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For instance, the most recent audit which had been undertaken in October 2016, noted that some chairs in consulting rooms were upholstered with fabric and unsuitable for consulting rooms and these had been removed.
- We looked at arrangements for managing medicines, including vaccines in the practice (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. This process had been reviewed recently as a result of a serious incident involving an error with a patient's prescription. Prescriptions which were uncollected after a period of six months were destroyed, GPs were informed when this happened and an entry made on the patient record. We reviewed prescriptions

Are services safe?

awaiting collection and saw one dated 29 November 2016 for an opioid pain medication (used to treat moderate to moderately severe pain). We also saw that even there was already an uncollected prescription for the same medicine and the same patient, dated 23 September 2016. This meant there was a risk that the patient could have been dispensed more of the medicine at one time than the GP had intended to prescribe. The practice told us the prescription which had been issued in September 2016 would be destroyed.

- 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).
- We reviewed seven 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. The practice had up to date fire risk assessments and carried out regular fire drills. Electrical equipment had most recently been checked to ensure the equipment was safe to use in 2014. We saw that clinical equipment had most recently been calibrated in 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.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents but had not assessed the need to maintain a stock of emergency medicines at the practice.

- We noted that the only emergency medicine stocked by the practice on the day of the inspection was adrenalin. We were told that a nearby local community pharmacy with whom the practice had a good working relationship was open at all times when the practice was open and in the event of an emergency, medicines would be sourced from the pharmacist. The practice had not undertaken clinical or risk assessments to determine whether the lack of emergency medicines on the premises might impact patients during medical emergencies. We discussed this with practice management, who undertook an immediate review of the risk. As a result of this review, the practice had developed a schedule of emergency medicines which were appropriate for the regulated activities undertaken. We saw evidence that an order was placed for these medicines the morning after our inspection and saw a document which confirmed these were delivered three days later. We were also supplied with a protocol outlining arrangements for regular checking of emergency medicines.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks and there was a process in place to ensure these were regularly checked. A first aid kit and accident book were available.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

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.

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Clinical staff we spoke with were able to discuss recent updates, including those from NICE and the NHS.
- The practice did not have a process in place to monitor that these guidelines were followed and could not provide evidence that audits or random sample checks of patient records had been undertaken following alerts.
- GPs used a risk stratification tool designed to identify patients at highest risk of attending A&E or being admitted to hospital. There was a process in place to identify patients who had had unplanned admission to hospital. This was used to trigger a review of a patient's record to check for unmet or newly arising needs.

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 98% of the total number of points available. The overall exception reporting rate for the practice was 8% which was comparable to the CCG average of 7% and the national average of 9%. (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 2014/2015 showed:

- Performance for diabetes related indicators were comparable to CCG averages the national average. For instance, 73% of patients had well controlled blood sugar levels (CCG average of 70%, national average 78%). The exception reporting rate for this indicator was

8% (CCG average 8%, national average 12%). The percentage of patients on the diabetes register, with a record of a foot examination within the preceding 12 months was 94% (CCG average 83%, national average 88%). The exception reporting rate for this indicator was 4% (CCG average 4%, national average 9%).

- Performance for mental health related indicators was comparable to the national average. For example, 100% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses (24 patients) had a comprehensive, agreed care plan documented in the record compared to the CCG average of 90% and national average of 88%. The exception reporting rate for this indicator was 25% (CCG average 6%, national average 13%) although this represented just six patients.
- 90 % of patients with hypertension had well controlled blood pressure compared to the CCG average of 82% and the national average of 84%. The exception reporting rate for this indicator was 3% (CCG average 4%, national average 4%).
- Outcomes for patients with asthma were comparable to CCG and national averages. For instance, 81% had had an asthma review in the preceding 12 months using a nationally recognised assessment tool compared to the CCG average of 76% and the national average of 75%. The exception reporting rate for this indicator was 2% (CCG average 3%, national average 8%).

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years, one of these was a completed audit. Both clinical audits were undertaken as part of a local CCG audit programme.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice had undertaken an audit of patients diagnosed with chronic obstructive pulmonary disease (COPD) and in the first cycle had identified that 90% of patients with the condition had had a physical review in the previous 12 months. The practice had reviewed its recall system to ensure that all patients who needed an annual physical review were invited to an appointment. When the practice repeated the audit

Are services effective?

(for example, treatment is effective)

12 months later, it found that 95% of patients had had a physical review. (COPD is the name for a collection of lung diseases including chronic bronchitis, emphysema and chronic obstructive airways disease).

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. We saw evidence that this programme was used to induct new staff.
- 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 practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

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.
- The practice was co-located with a range of community health service providers and patients from the practice who could benefit from these providers were referred to them. For instance, a community dietician was available on the premises as well as a physiotherapist, and a smoking cessation advisor.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 82% and the national average of 82%. There was a policy to

Are services effective?

(for example, treatment is effective)

offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data from Public Health England showed that 74% of eligible women had been screen for breast cancer within the previous 3 years compared to the CCG average of 69% and the national average of 72%. The practice uptake rate for bowel cancer screening was 47%, and although comparable to the CCG average of 48%, was below the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 97% (national average 73% to 95%) and five year olds from 80% to 95% (national average 81% to 95%).

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. The practice had been acknowledged by the local CCG as undertaking the highest percentage of NHS health checks in the CCG area for the twelve months up to April 2016.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

We received 22 patient Care Quality Commission comment cards, the majority of which 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. Three patients commented on having experienced difficulties getting appointments when they needed them.

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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 90% of patients said the GP gave them enough time. (CCG average 82%, national average 87%).
- 96% of patients said they had confidence and trust in the last GP they saw. (CCG average 93%, national average 95%).
- 91% of patients said the last GP they spoke to was good at treating them with care and concern. (CCG average 80%, national average 85%).

- 94% of patients said the last nurse they spoke to was good at treating them with care and concern. (CCG average 82%, national average 91%).
- 92% of patients said they found the receptionists at the practice helpful (CCG average 78%, national average 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. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care. (CCG average 75%, national average 82%).
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care. (CCG average 76%, national average 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. 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.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 47 patients as carers (more than 1% of the practice list). The practice told us they were in the process of reviewing the carers register to ensure that carers already known to the practice but not coded as carers were included on the register. Carers were offered annual flu vaccination as a priority group and could make longer appointments when this was helpful. Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Telephone consultations were available for patients who were unable to visit the practice in person or who were unsure if their condition required a visit to the surgery.
- Patients were able to receive travel vaccinations available on the NHS as well as some only available privately.
- Seasonal flu vaccination was provided to housebound patients by the practice nurse in their own homes.
- The practice provided an in-house phlebotomy service. Patients who were housebound could request home visits for blood tests.
- There were disabled facilities, an automated door, a hearing loop and translation services available.
- A significant number of patients were of South Asian origin and the practice had in-house language skills in a range of languages prevalent amongst the practice population.

Access to the service

The practice opening hours for the surgery were:

Monday 8:30am to 6:30pm

Tuesday 8:30am to 6:30pm

Wednesday 8:30am to 6:30pm

Thursday 8:30am to 12:00pm

Friday 8:30am to 6:30pm

Saturday Closed

Sunday Closed

Practice patients also had access to bookable appointments at a local hub service between 6:30pm and 10:00pm every day and between 8:00am and 8:00pm on Saturdays and Sundays.

The practice had opted not to provide out of hours services (OOH) to patients and these were provided on the practice's behalf by The Partnership of East London Co-operatives (PELC). The details of the how to access the OOH service were communicated in a recorded message accessed by calling the practice when it is closed and details can also be found on the practice website.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages, except for satisfaction with availability of appointments which was comparable to local averages but lower than the national average

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and the national average of 78%.
- 80% of patients said they could get through easily to the practice by phone. (CCG average 53%, national average of 73%).
- 70% of patients said the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment. (CCG average 64%, national average of 76%).

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.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled complaints in the practice.
- We saw that information in the form of a poster in reception was available to help patients understand the complaints system.
- There were no records of any of complaints made verbally.

Are services responsive to people's needs?

(for example, to feedback?)

The practice had recorded one complaint in the last 12 months and we found this had been handled in line with practice policy.

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 vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement its aims and objectives to deliver high quality care and promote good outcomes for patients were laid out in the provider's Statement of Purpose. Although these not displayed in the practice, staff we spoke with knew and understood the values.
- The practice had a 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 that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- An understanding of the performance of the practice was maintained
- A programme of clinical and internal audit was used to monitor quality and to make improvements although there were no clear links which showed how these related to the practice performance or patient outcomes.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions with the exception of emergency medicines, in that the practice did not ensure supplies of emergency medicines which were appropriate for the regulated activities undertaken were maintained. However this was resolved within three days of the inspection when a suitable range of emergency medicines were delivered to the practice.

Leadership and culture

Staff told us the partners 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 partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice did not keep written records of verbal interactions.

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.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners 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 sought feedback from patients 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). The PPG met regularly and submitted proposals for improvements to the practice management team. For example, the PPG had recently been working with the practice to understand why patients did not attend pre-booked appointments. The PPG had identified the difficulty of getting through to the practice on the telephone in the early mornings as a probable cause as this also meant that patients who wished to cancel appointments were sometimes unable to get through and would probably be less motivated to continue

Are services well-led?

Good 

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

trying. The practice told us they were considering using an automated telephone system to allow patients to cancel appointments without needing to speak with practice staff.

- 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 any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.