

Halbutt Street Medical Practice

Inspection 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 location

Inadequate 

Are services safe?	Inadequate 
Are services effective?	Requires improvement 
Are services caring?	Requires improvement 
Are services responsive?	Requires improvement 
Are services well-led?	Inadequate 

Overall summary

This practice is rated as inadequate overall. (Previous rating September 2017 – Requires improvement)

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Requires improvement

Are services caring? – Requires improvement

Are services responsive? – Requires improvement

Are services well-led? – Inadequate

We carried out an announced comprehensive inspection at Halbutt Street Medical Practice on 23 October 2018 to follow up the concerns identified at our previous inspection and because of concerns raised by the Clinical Commissioning Group (CCG). You can find the reports of our previous inspections by selecting the 'all reports' link on our website.

At this inspection we found action had been taken on most of the issues identified at the previous inspections. However, we found the systems in place did not keep people safe. There was a lack of governance arrangements and management oversight at the practice. The practice is now rated as inadequate.

At this inspection we found:

- The practice had succeeded in making improvements to some aspects of performance, but there were other areas that had not been addressed effectively.
- The practice still scored below the national average in the National GP Patient Survey in relation to satisfaction with both doctors' and nurses' consultations. The practice was aware of this and had identified themes in patient feedback and had an action plan in place to address lower scoring areas in the NHS national patient survey.
- The practice had failed to act effectively on issues with telephone access and delays after appointment time.
- There was evidence that in some areas quality improvement activity was driving improvements to patient care. At this inspection there was a record of completed audit with two cycles where the improvements made were implemented and monitored.
- The practice was not consistently following its own policies and procedures.
- The practice did not have clear systems to manage risk so that safety incidents were less likely to happen.

- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- There was a culture of integrity, openness and transparency and the provider was keen to address concerns found during the inspection.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Improve uptake of childhood immunisations and cervical screening.
- Improve engagement with patients with diabetes.
- Consider how to record verbal complaints and actions.
- Review systems to allow patients with communication needs to access services.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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

Overall summary

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

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

Our inspection team

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

Background to Halbutt Street Medical Practice

Halbutt Street Surgery provides NHS primary care services to approximately 6750 people and is part of the NHS Barking and Dagenham Clinical Commissioning Group (CCG). The service is provided through a general medical services (GMS) contract. The practice is well served by local bus routes and permit free parking is available on surrounding streets.

The practice is led by one male and one female GP partners and has two regular male locums collectively working 25 clinical sessions per week. They are supported by one full time female practice nurse, one part time female practice nurse and a part time female health care assistant (HCA), practice manager and four reception/administrative staff.

The practice is open between 8am and 7pm Monday to Friday. The practice telephone lines are open between 8am and 6.30pm. Appointments are available from 9am to 12.30pm every morning, with the exception of Tuesdays when the appointments start from 8.30am. Evening appointments are from 3pm to 6.30pm daily.

Extended hours appointments are offered on Mondays, Tuesdays and Fridays from 6.30pm to 7.30pm. Out of hours services are provided by the Out of Hours GP Hub

and NHS 111 services when the practice is closed. Information on the Out of Hours services is provided to patients on the practice website as well as through practice leaflets and on posters.

Information taken from the Public Health England practice age distribution shows the population distribution of the practice is similar to that of other practices in England, with the exception of a higher proportion of children between the ages of zero and 19 years. The life expectancy of male patients is 76 years, which is one year less than the CCG and three years less than the national average. The female life expectancy at the practice is 81 years, which is the same as the CCG average and two years less than the national average of 83 years. Information published by Public Health England (PHE) rates the level of deprivation within the practice population group as six on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

Halbutt Street Practice is registered to provide the following regulated activities.

- Diagnostic and Screening Procedures
- Treatments of Disease, disorder or injury
- Family planning
- Surgical procedures

Are services safe?

We previously rated the practice as good for providing safe services.

At this inspection we rated the practice as inadequate for providing safe services.

The practice was rated as inadequate for providing safe services because:

- Systems to ensure that patients and others in the practice were kept safe were not consistently implemented.
- The practice had not followed safeguarding policy in relation to coding children at risk.
- Risks associated with the control and spread of infections were not adequately assessed. Actions identified from the last infection prevention and control audit had not been followed up.
- Staff had not followed the refrigeration of vaccines protocol.
- The practice had not followed fire safety policy.

At our 2017 inspection the practice systems and processes to minimise risks to patient safety were mostly well defined. At this inspection we found there were not systems in place to monitor and manage risks (including infection control, fire safety and medicines management). The systems the practice had to keep people safe and safeguarded from abuse were not implemented or overseen effectively.

Safety systems and processes

The practice systems to keep people safe and safeguarded from abuse were not consistently and effectively implemented. There was a lack of knowledge in relation to safeguarding children and staff were not aware of patients who were at risk. The practice had a health and safety policy but there was no system of risk assessment or action plans in place.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. However, we found records where a safeguarding alert had not been added, as a result, clinicians would not be aware of children at risk.
- Staff who acted as chaperones were trained for their role and had received a 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.)

- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis. However, though all staff had appropriate medical indemnity cover, the practice did not hold this information for all staff.
- The practice had not conducted and maintained a system of safety risk assessments. However, we noted posters with the fire procedure placed around the practice.
- There was no effective system to manage infection prevention and control. This included not having a system to monitor legionella and no system to monitor the cleaning of the premises and equipment.
- The practice had arrangements to ensure facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety, although these were not consistently implemented. At our 2017 inspection we found most risks to patient safety were managed well. At this inspection we found the practice had not managed or assessed risks to patient safety such as fire safety and legionella.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. Staff told us it was sometimes difficult to manage busy periods in reception because there were only two receptionists on duty.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.

Are services safe?

- Clinical equipment was checked and calibrated annually to ensure it was safe to use and was in good working order. There was an up to date portable appliance test certificate (PAT).
- At this inspection we found all staff had completed annual training in fire safety.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis. Non-clinical staff were able to describe some situations they would consider as priorities, and there were written protocols to guide staff as to the actions to take in particular emergency situations.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Other than safeguarding alerts, staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice did not have consistent and reliable systems for appropriate and safe handling of all medicines.

- The systems for managing and storing medicines (other than vaccines), including medical gases, emergency medicines and equipment, were safe.
- Vaccines were stored in two refrigerators on the ground floor. The practice had a vaccine storage policy but there was no guidance on what actions to take if fridge temperatures went out of range. The practice kept records of the daily refrigerator temperature checks; however, they had not taken action to assure themselves that the cold chain was being monitored and that vaccine fridge equipment was operating safely. At our inspection on 23 October 2018, we saw the daily temperature log for September 2018 which showed maximum temperature readings for the built in thermometer of 19 degrees. There was no second thermometer to provide a method of cross-checking the

accuracy of the vaccine fridge temperature. At the time of our inspection, the practice had not recognised a potentially faulty thermometer or taken action to contact the manufacturer or Public Health England to ask for advice. After the inspection we contacted the practice to find out what steps they had taken. The GP partner told us they had contacted PHE for advice. The practice told us they had updated their vaccine storage policy to include guidance on what action to take if fridge temperatures go out of range. The practice told us they are purchasing a new vaccine fridge with a more up to date cold chain monitoring system.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

We found that the safety systems in place at previous inspections had not been maintained. The practice had failed to monitor and review safety activity or to understand risks.

- There were safety policies in place but the practice had not consistently followed these.
- There were risk assessments in relation to safety issues, but they had not been used to address all risks effectively and in a timely way.
- The practice monitored and reviewed activity. This helped it to understand risks, but had not ensured that all risks were accurately identified and effectively addressed.
- We reviewed incident reports, patient safety alerts and minutes of meetings where significant events were discussed. We saw evidence that, where identified, lessons were shared and action was taken to improve safety in the practice. These were recorded on the practice significant event record.
- 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

Are services safe?

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).

Lessons learned and improvements made

The practice learned and made improvements when things went wrong. There was evidence the practice took action to improve safety in the practice when significant events were assessed using the practice process.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.

- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- When things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, and were told about any actions to improve processes to prevent the same thing happening again.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

We previously rated the practice as requires improvement for providing effective services because of a lack of quality improvement processes and some gaps in essential staff training.

At this inspection we rated the practice as requires improvement for providing effective services. This was because we rated the population groups for people with long term conditions; families, children and young people; and working age people as requires improvement. We rated the other population groups as good. The concerns raised at the previous inspection had been addressed.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

This population group was rated good for effective because:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- Older patients were invited for shingles, pneumococcal and seasonal flu immunisations, and these were also offered opportunistically. We saw 63% of patients aged over 65 had received a flu jab.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

- The practice identified older patients who may need palliative care as they were approaching the end of life. There was a monthly multidisciplinary meeting with the Integrated Care Team (ICT) community matron, a community nurse, social services and ICT liaison officer and the End of Life facilitator where vulnerable older patients were discussed.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

This population group was rated as requires improvement for effective because:

- There were some indicators where the practice exception reporting rate was higher than the CCG and national average (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). For example, QOF data from 2016/17 showed the practice's diabetes exception reporting rate of 28% was higher than the CCG average of 13% and national average of 12%. The exception reporting rates had improved in 2017/18 but were still above local and national averages and the patient outcomes had deteriorated.
- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.

Are services effective?

- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).
- The practice's performance on quality indicators for long term conditions for the year 2016/17 was in line with local and national averages.

Families, children and young people:

This population group was rated requires improvement for effective because:

- Data related to families, children and young people showed the practice performance was below average and scored lower than national targets. This had been identified and raised with the practice at previous inspections.
- Childhood immunisation uptake rates were below the target percentage of 90% or above in 2016/17. The practice failed to achieve the target in all four areas measured. The practice told us that they were aware of these results and all the parents or guardians who delayed or declined childhood immunisation were contacted by letter in a bid to improve uptake of childhood immunisations. Following the inspection, we requested immunisation data for 2017/18 from the practice but staff were not able to perform a search on their patient record system to provide this.
- The practice had arrangements for following up failed attendance by children at appointments in secondary care or for immunisation.

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

This population group was rated requires improvement for effective because:

- The practice did not have a failsafe cytology policy for auditing its cervical screening service and did not perform an audit of inadequate screening tests in relation to the individual sample-taker.
- The practice's uptake for cervical screening in 2016/17 was 63% which, while in line with other practices' performance, was below the 80% coverage target for the national screening programme. Following our inspection, the practice provided cervical screening figures and told us the source of the percentages they quoted for 2017/18 was the Calculating Quality Reporting Service (CQRS). The values quoted were not

Public Health England figures, which are the cervical screening values CQC use. We checked the PHE website which showed the 2017/18 figures are 66.6% which were up from the previous figure of 63.2%, but still some percentage points below the national and local averages. The practice had taken action to follow up all women who had not had cervical screening by calling the patient and then sending a letter inviting all those overdue a cervical smear to make an appointment.

- The practice's uptake for breast and bowel cancer screening was in line with the national average.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The practice had worked to improve the appointment system and had an online appointment booking system, although only 10% of the patient list had registered for access. All routine GP and nurse appointments were available for patients to book online. Patients had access to appointments outside normal 9 to 5 working hours and could book next day, next two days and up to three weeks in advance for an appointment.
- Same day appointments were available for urgent problems. All new patients were provided with an internet registration form as part of the registration process.

People whose circumstances make them vulnerable:

This population group was rated as good for effective because:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. Patients in this group were regularly discussed in the weekly clinical meetings to review their health.
- The GPs understood their responsibilities in relation to the Mental Capacity Act 2005 to enable people who lack capacity to take decisions about their care and welfare.
- The practice offered annual health checks to patients with a learning disability and had an uptake in 2017/18 of 78%.

Are services effective?

- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

This population group was rated as good for effective because:

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- Performance for mental health related indicators was comparable to the national average.
- The practice enabled patients with poor mental health to access treatment and advice through IAPT services.

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- Care as measured by the Quality and Outcomes Framework had improved overall since our inspections in 2016 and 2017. However, there were some areas where care remained below average. Where audit identified areas for improvement, there had been recent re-audit to confirm that improvement had taken place.
- The practice was actively involved in quality improvement activity. We saw evidence of a number of clinical audits. We saw a record of two cycle clinical audit for diabetes looking at improving the control and prescribing for patients with type 2 diabetes and a two-cycle audit to optimise blood pressure control in stroke and TIA patients (transient ischemic attack (TIA),

is sometimes called a "mini-stroke"). We also saw audits were discussed at clinical meetings where learning points were shared and improvements in patient treatment were made and monitored.

- The practice used information about care and treatment to make improvements.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. However, some staff told us they needed more training on the new patient record system. When we requested more recent data for childhood immunisations, the practice told us they were not able to carry out these searches.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. The practice had created a matrix to monitor staff qualifications and training. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They

Are services effective?

shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who had relocated into the local area.

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff supported patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer.

- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Are services caring?

We previously rated the practice as requires improvement for providing caring services as the arrangements in respect of monitoring patient satisfaction were not adequate.

At this inspection we rated the practice as requires improvement for caring.

The practice was rated as requires improvement for caring because it had not taken sufficient action to improve and monitor patient satisfaction in response to results from the national GP patient survey.

Kindness, respect and compassion

Staff did not always treat patients with kindness, respect and compassion.

- We spoke with six patients who said they were happy with the service they received; however, not all comments received were positive about the way staff treated people. Patients told us about the difficulty they had getting through on the phone and difficulty getting appointments.
- Patients said they felt staff were generally approachable and they felt if they needed to give feedback they would be confident to speak directly to staff. However, some patients we spoke to told us that one member of reception staff had a discourteous manner and was rude to patients. The practice had identified the member of staff involved and provided additional training and support.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. However, ratings for consultation satisfaction were significantly below the CCG and national average. The practice still scored significantly below the national average in the 2018 national GP patient survey for questions relating to kindness, respect and compassion.
- The practice had an action plan to address the low scores and other areas from the practice survey which were lower than the national average. We saw the figures from both the Friends and Family Test and the practice's own in house patient survey. Whilst the

practice had done an analysis of the Friends and Family test, the results of their own in house patient survey had not been analysed and the practice was not yet able to evidence that patient satisfaction had improved.

Involvement in decisions about care and treatment

Staff were aware of the Accessible Information Standard (a requirement to make sure patients and their carers can access and understand the information they are given.)

- We noted on previous inspections below average patient satisfaction in the national GP patient survey in 2016 and 2017 for how well GPs involved patients in planning and making decisions about their care and treatment. At this inspection the practice's management demonstrated they had better oversight of the survey results and systems were in place to improve and monitor patients' satisfaction. Most of the practice's 2018 GP patient survey results were in line with local and national averages for questions relating to satisfaction with both doctors and nurses. In some areas, results were below local and national averages for questions relating to the patient consultation experience
- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice identified patients who were carers on a dedicated register and supported them. The practice had identified 75 patients as carers (just over 1% of the practice list).
- The practice gave out a carer's pack to help signpost carers to the local support services. Leaflets were available to provide carers with information about support available to them. Referrals were available to services providing dedicated support to carers in the Barking and Dagenham area.
- Staff told us that if families had experienced bereavement, they provided support by contacting family members and offering them an appointment with a GP.

Privacy and dignity

The practice respected patients' privacy and dignity.

Are services caring?

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.
- The practice complied with the Data Protection Act 1998.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

e previously rated the practice as good for responsive.

At this inspection we rated all of the population groups and the practice overall as requires improvement for providing responsive services. This is because of the poor patient feedback about access to appointments and delays when attending for appointments, which affects patients in all patient groups.

Responding to and meeting people's needs

In some areas the practice did not take account of patient needs and preferences. Patients were not always able to access care and treatment from the practice within a timescale they considered acceptable. Although patient satisfaction scores were comparable with other practices, results were low and had decreased.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs and had difficulty attending the practice.
- There were no interpreter services available.
- There was a hearing loop for people who were hard of hearing.
- There was disabled access and disabled toilet facilities.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately. The facilities and premises were appropriate for the services delivered.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

This population group was rated as requires improvement for responsive because of the poor patient feedback about access to appointments and delays when attending for appointments :

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- There was a medicines delivery service for housebound patients.

People with long-term conditions:

This population group was rated as requires improvement for responsive because of the poor patient feedback about access to appointments and delays when attending for appointments :

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice held weekly clinics for patients with diabetes and chronic obstructive pulmonary disease (COPD).
- The practice referred patients in house to the dietician who ran a clinic once a month at the service.

Families, children and young people:

This population group was rated as requires improvement for responsive because of the poor patient feedback about access to appointments and delays when attending for appointments :

- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- Appointments were available with the Practice Nurse for Healthy life style advice, immunisations, travel immunisations and advice, sexual health advice in terms of contraceptives, smear test and STI tests.

Are services responsive to people's needs?

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

This population group was rated as requires improvement for responsive because of the poor patient feedback about access to appointments and delays when attending for appointments :

- The practice offered extended hours and opens at 7am on Tuesday and stayed open until 8pm on Wednesday for working patients who could not attend during normal opening hours.
- The practice offered an online appointment system. Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- Online access was available for booking and cancelling appointments in addition to electronic prescribing whereby patients could nominate a pharmacy which was convenient for them to collect prescriptions. Patients could request repeat prescriptions online.

People whose circumstances make them vulnerable:

This population group was rated as requires improvement for responsive because of the poor patient feedback about access to appointments and delays when attending for appointments :

- The practice worked with local agencies and community services to support the needs of vulnerable people.
- The practice had a system for flagging vulnerability in individual patient records.
- The practice offered longer appointment times for those that needed them.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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

This population group was rated as requires improvement for responsive because of the poor patient feedback about access to appointments and delays when attending for appointments :

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Staff told us that they refer relatives of patients living with dementia to local dementia services for additional support.
- Staff refer patients to IAPT. Improving Access to Psychological Therapies (IAPT) is a primary care service that provides talking therapies only, for people with mild-moderate depression and/or anxiety.

Timely access to care and treatment

Patients were not always able to access care and treatment from the practice within an acceptable timescale for their needs. The practice had not acted effectively on a longstanding theme from survey data and complaints about the appointments system and waiting times after appointment time. Although patient satisfaction scores were comparable with other practices, results were low and had decreased.

- We noted on previous inspections below average patient satisfaction with how they could access care and treatment. At our inspection in October 2018, the practice had failed to act effectively on issues with telephone access and delays after appointment time. Patient satisfaction with access by telephone and the appointment system were below average. Although the practice told us they had made changes to telephone access to improve the percentage of calls answered, the practice was not monitoring the impact of the changes made.
- The 2018 national GP patient survey results showed 61% of patients had to wait 15 minutes or more after their appointment time to be seen at their last general practice appointment. The CCG result was 39% and the national score was 31%. The practice had taken actions to address the concerns about access to appointments and delays when attending for an appointment, but the practice had not monitored how effective these actions had been.
- Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care. However, the practice only recorded written complaints and did not record verbal complaints from patients.

- Information about how to make a complaint or raise concerns was available. We saw information was available to help patients understand the complaints system on the practice website and in the waiting room. Staff treated patients who made complaints compassionately.

- The complaint policy and procedures were in line with recognised guidance. Five written complaints were received in the last year. We reviewed three complaints and found they were satisfactorily handled in a timely way. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Are services well-led?

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

At this inspection we rated the practice as inadequate for providing a well-led service.

The practice was rated as inadequate for well-led because:

- The practice was not consistently following its own policies and procedures.
- There was insufficient awareness and appreciation of risks in the practice environment and poor processes in place to enable risks to be identified and adequately followed up.
- Effective action had not been taken on all areas of below average performance.
- Employment records did not contain all the information the practice needed.

Leadership capacity and capability

- Leaders were aware of issues relating to the quality and future of services. They had addressed some challenges. However, leaders had failed to act effectively on longstanding themes from survey data and complaints about the appointments system and waiting times at appointments.
- Leaders had failed to identify issues described to us by staff. Staff told us they needed more training on the new patient record system.
- Staff told us that leaders were visible and approachable.

Vision and strategy

- The practice had a vision to deliver high quality, sustainable care, but there were some areas where this was not being met.
- The strategy had not been translated into meaningful and measurable plans at all levels of the service. There was no effective approach to monitoring or providing evidence of progress against delivery of the strategy or plans.
- Staff we spoke with could describe how their role and behaviour was part of the practice values.

Culture

- There was a lack of a strong emphasis on the safety and well-being of all staff.

- Staff stated they felt respected, supported and valued. However, we found there were low levels of staff satisfaction and high levels of work overload. Staff told us they felt there were not enough staff to cover all the work.
- The practice leadership told us they focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so.
- All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- Staff told us that there were positive relationships between staff and teams.

Governance arrangements

The practice lacked clear responsibilities, roles and systems of accountability to support good governance and management. Systems and processes for monitoring some areas within the practice were not operating consistently particularly recording safeguarding information, auditing of cervical screening and vaccine cold chain monitoring.

- Practice leaders had failed to assure themselves that policies, procedures and activities to ensure safety were operating as intended. There was a lack of systems to allow effective oversight of policies, procedures and governance to manage safety risks.
- Structures, processes and systems to support good governance and management were not consistently effective. There were insufficient systems and processes relating to the management of recruitment and training records particularly for locum staff.
- There were no effective arrangements to ensure staff were up to date as to their roles and accountabilities

Are services well-led?

including in respect of cervical audit, safeguarding and infection prevention and control. Staff were not clear about their roles, for what they were accountable, and to whom.

Managing risks, issues and performance

- Processes to identify, understand, monitor and address risks including risks to patient safety were not consistently effective. Risks identified were rarely reviewed or updated.
- The practice had processes to manage current and future performance. These had improved some areas of performance but not others.
- Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had had positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place for major incidents, and had ensured staff had the necessary training.

Appropriate and accurate information

- The practice were not using the systems and information available to manage their performance or drive improvement. There was a focus on some specific issues, but no clear strategy to address other areas of low performance.
- The practice used information technology systems to monitor and improve the quality of care. However, the practice could not interrogate the electronic patient record system which prevented effective oversight of the performance of the practice.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

- The service had not responded consistently to what people who use services or the public said. The service had an action plan to address the main themes identified from the national patient survey. There was evidence of actions taken to improve patient satisfaction. However, effective action had not been taken on areas the practice recognised needed improvement and analysis was not always carried out.
- There was no evidence of the practice engaging with the local community to address areas of poor performance.
- The Patient Participation Group (PPG) was small and did not represent the diversity of patients at the practice. The practice leadership had identified this as a problem but there was no evidence of any action to address this. The practice did not meet regularly with the Patient Participation Group (PPG). There was a lack of information about the PPG in the waiting area and on the practice website. PPG members we spoke with told us that PPG meeting minutes were not circulated to members.
- Patient feedback on difficulties with telephone access, the appointment system and delays after appointment time did not result in effective action.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

- Improvement was not a priority among staff and leaders. There was minimal evidence of learning and reflective practice.
- Staff knew about improvement methods and had the skills to use them, but there was limited evidence of these being put into practice.
- The practice made use of internal and external reviews of incidents and complaints. Learning from these was shared and used to make improvements.

Please refer to the evidence tables for further information.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <p>fire safety risks, infection control and safeguarding.</p> <p>There was not proper and safe management of medicines. In particular:</p> <ul style="list-style-type: none">• vaccine storage <p>Assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated was incomplete. In particular:</p> <ul style="list-style-type: none">• legionella monitoring
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• Effective action had not been taken on all areas of below average performance. <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p>

This section is primarily information for the provider

Enforcement actions

- Risks we found had not been identified and addressed by practice systems.
- There was a lack of systems to allow effective oversight of policies, procedures and governance to manage safety risks.
- There were insufficient systems and processes relating to the management of recruitment and training records particularly for locum staff.

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular:

- Feedback on telephone access, appointment systems and delays.