East Ham Medical Centre

Quality Report

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

Ratings

Overall rating for this service	**Inadequate**
Are services safe?	**Inadequate**
Are services effective?	**Inadequate**
Are services caring?	**Inadequate**
Are services responsive to people's needs?	**Inadequate**
Are services well-led?	**Inadequate**

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at East Ham Medical Centre on 31 May 2016. Overall the practice is rated as inadequate.

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

- Patients were at risk of harm because a non-clinical staff member was actioning patients' laboratory test results that were not reviewed by GPs or clinical staff.
- Systems and processes were not in place to keep patients safe. For example there was no health and safety risk assessment, fire safety risk assessment or guidance for action in the event of a fire.
- The defibrillator did not work and emergency use oxygen cylinders had either expired or were too big to move.
- The practice had not carried out safety testing of non-clinical electrical equipment and clinical equipment had no cleaning schedule in place.
- The practice had a number of policies and procedures to govern activity, but some were missing and others were insufficient or had not been implemented such as recruitment, control of substances hazardous to health (COSHH), chaperoning and induction.
- Staff understood their responsibilities to raise concerns. However, reporting systems had weaknesses and reviews and investigations had not occurred. Patients did not always receive an apology and there was no evidence of learning and communication with staff.
- Staff did not have access to current evidence based guidance or safety alerts and had not been trained to provide them with the skills, knowledge and experience to deliver safe and effective care and treatment.
- The practice had not learned lessons to make improvements following significant events or complaints because the reporting and investigation system was ineffective.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity.

Summary of findings

- The practice had no clear leadership and management structure, insufficient leadership knowledge and skill and limited formal governance arrangements.

The partnership that made the provider dissolved on 1 September 2016 and no longer exists. The current provider is in the process of applying to register with the CQC.

At the time of our inspection the provider was found to be in breach of Regulations 12 (Safe care and treatment), 16 Receiving and acting on complaints, 17 (Good governance), 18 (Staffing), and 19 (Fit and proper persons employed) of the Health and Social Care Act (Regulated Activities) Regulations 2014

If the provider was still registered the areas we would have set out the following list of how the provider must make improvements:

- Ensure appropriate staff qualifications, training and support and implement all necessary employment checks for all staff.
- Implement effective systems for receiving and managing complaints and seeking and recording patients consent.
- Establish systems and processes to identify and mitigate risks to patient's safety including medicines, equipment , infection control and in the event of a medical emergency.
- Implement effective systems and processes to assess, monitor and improve quality.
- Ensure there is leadership knowledge and skill to deliver all improvements.

And the following list of areas where the provider should make improvements:

- Take action to address patient dissatisfaction indicated by the GP patient survey results and seek to improve identification of patients that are carers.
- Make arrangements to ensure appropriate monitoring of prescription pads.
- Improve information on the practice leaflet and review patients' access to appointments.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

The practice is rated as inadequate for providing safe services and improvements must be made.

- Patients were at risk of harm because a non-clinical staff member was actioning patients' laboratory test results that were not reviewed by GPs or clinical staff and failsafe systems for the cervical screening programme had lapsed.
- There were significant gaps in systems, processes and practices in place to keep patients safe such as identification and management of significant events and dissemination of safety alerts.
- Safety critical systems and processes had weaknesses or were not implemented in a way to keep patients including recruitment, medicines management, infection control and premises and equipment hygiene.
- Several processes were not adequate and did not to keep patients safe. For example there were gaps in staff training or no staff training in areas such as safeguarding, basic life support, infection control, fire safety and chaperoning.
- Several procedures for monitoring and managing risks to patients and staff were missing or ineffective such as health and safety risk and legionella risk assessment and management. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements for fire safety, electrical safety testing and Control of Substances Hazardous to Health (COSHH) were absent or ineffective.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services and improvements must be made.

- There was limited engagement with other providers of health and social care.
- There was no evidence of appraisals except for GPs, or personal development plans for staff.
- Staff did not have the skills, knowledge and experience to deliver effective care and treatment.
- There was no two cycle auditing to drive quality improvement in patient outcomes.

Summary of findings

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to local and national averages.
- Care and treatment requirements such as patients' informed consent were not consistently met.
- Information needed to plan and deliver care and treatment was not always available to relevant staff in a timely and accessible way.
- The practice could not demonstrate it assessed needs and delivered care in line with relevant and current evidence based guidance and standards.

Are services caring?

Inadequate

The practice is rated as inadequate for providing caring services, and improvements must be made.

- Data from the national GP patient survey showed patients rated the practice significantly lower for most aspects of care, and the practice had not taken any action to improve.
- The practice had identified only eight carers which was less than 1% of its list.
- 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.

Are services responsive to people's needs?

Inadequate

The practice is rated as inadequate for providing responsive services and improvements must be made.

- The practice could not sufficiently demonstrate it had reviewed the needs of its local population or engaged with the Clinical Commissioning Group (CCG) to secure improvements to services.
- The practice had been left without GP cover for patients on six occasions whilst the partners were on holiday.
- There was no website or practice information leaflet for patients apart from a slip showing surgery timings.
- The practice did not offer on-site extended hours; however off site extended hours were offered every weekday until 9.30pm and on Saturday from 9.00am to 1.00pm through a network of local practices.

Summary of findings

- Information available for patients in the reception area was limited. For example, there was information on bowel and breast cancer screening but none on complaints, translation services, mental health, bereavement or weight management.
- The practice did not have an effective system in place for handling complaints and concerns.
- The practice offered longer appointments for patients with a learning disability and home visits were available for older patients and patients who had difficulty attending the practice.
- There were disabled facilities, a hearing loop and translation services available.

Are services well-led?

Inadequate

The practice is rated as inadequate for being well-led and improvements must be made.

- The practice did not have a mission statement, clear strategy or business plan and the governance framework did not support the delivery of safe or effective care.
- Staff were not clear about their responsibilities including in areas such as safeguarding and infection control.
- There was no clear leadership structure and practice specific policies and procedures were insufficient, out of date, or not implemented. For example, the infection control policy, chaperoning policy, recruitment policy, and no induction or cold chain policy.
- Staff told us they had not received regular performance reviews and did not have clear objectives.
- Basic safety requirements had not been identified or addressed and a non-clinical staff member was actioning patients' laboratory test results.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were absent or had weaknesses.
- There was a lack of quality improvement processes such as continuous clinical and internal audit or effective action plans.
- Staff said they felt respected but they were not involved in discussions about how to run and develop the practice.

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

Inadequate

The provider was rated as inadequate for safety, effectiveness, caring, responsiveness and for well-led. The issues identified as inadequate overall affected all patients including this population group.

- The practice identified 50 patients that were at risk of unplanned admission into hospital such as frail elderly patients, but patients were removed from this list after six months and there was no method of follow up to ensure their wellbeing.
- There was a register of patients over 75 years old and these patients were followed up by GPs for an annual health check.
- The practice did not have effective systems for information sharing and working in partnership with allied health and social care professionals.
- The practice could not demonstrate it assessed needs and delivered care in line with relevant and current evidence based standards.
- The percentage of patients with rheumatoid arthritis, on the register, who had had a face-to-face annual review in the preceding 12 months was 100% which is similar to 91% within the CCG and 91% nationally.

People with long term conditions

Inadequate

The provider was rated as inadequate for safety, effectiveness, caring, responsiveness and for well-led. The issues identified as inadequate overall affected all patients including this population group.

- Longer appointments and home visits were available when needed. However, not all these patients had a personalised care plan to check that their health and care needs were being met.
- The practice could not evidence training for staff reviewing patients with long-term conditions.
- The practice did not have effective systems for information sharing and working in partnership with allied health and social care professionals.
- The practice could not demonstrate it assessed needs and delivered care in line with relevant and current evidence based standards.

Summary of findings

- Performance for diabetes related indicators was 92% compared to CCG and national averages (CCG average 87%, national average of 89%)
- The percentage of patients with hypertension having regular blood pressure tests was 95% compared to the CCG and national averages of 84%

Families, children and young people

Inadequate

The provider was rated as inadequate for safety, effectiveness, caring, responsiveness and for well-led. The issues identified as inadequate overall affected all patients including this population group.

- Arrangements to safeguard children were not robust and there was no child protection register.
- Non-clinical staff had not received training on safeguarding children and there was no evidence of safeguarding training for the practice nurse.
- 95% of patients diagnosed with asthma, on the register had an asthma review in the last 12 months compared to 78% within the CCG and 75% nationally.
- Childhood immunisation rates for the vaccinations given were comparable to CCG averages.
- Appointments were available outside of school hours.

Working age people (including those recently retired and students)

Inadequate

The provider was rated as inadequate for safety, effectiveness, caring, responsiveness and for well-led. The issues identified as inadequate overall affected all patients including this population group.

- The age profile of patients at the practice was mainly those of working age, students and the recently retired but the services available did not fully reflect the needs of this group.
- The practice did not offer extended opening hours and it had had no website.
- The practice offered health promotion and screening that reflects the needs for this age group.
- The practice could not demonstrate it assessed needs and delivered care in line with relevant and current evidence based standards.

Summary of findings

People whose circumstances may make them vulnerable

Inadequate

The provider was rated as inadequate for safety, effectiveness, caring, responsiveness and for well-led. The issues identified as inadequate overall affected all patients including this population group.

- Staff knew how to recognise signs of abuse in vulnerable adults and children but had not been trained in safeguarding.
- Staff were aware of their responsibilities regarding information sharing but the designated safeguarding lead was unclear.
- The practice held a register of patients with a learning disability.
- Results from the national GP patient survey published in January 2016 were significantly lower for scores impacting on vulnerable people. 57% said the GP was good at listening to them, compared to the CCG average of 83% and national average of 89%.
- 65% said the GP gave them enough time (CCG average 80%, national average 87%).
- 58% said the last GP they spoke to was good at treating them with care and concern (CCG average 76%, national average 85%).

People experiencing poor mental health (including people with dementia)

Inadequate

The provider was rated as inadequate for safety, effectiveness, caring, responsiveness and for well-led. The issues identified as inadequate overall affected all patients including this population group.

- Non-clinical staff had not received training on vulnerable adults and there was no evidence of safeguarding training for the practice nurse.
- Policies were accessible to all staff but staff were unclear about who the safeguarding lead was.
- The practice could not demonstrate it assessed needs and delivered care in line with relevant and current evidence based standards.
- 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months compared to the CCG average of 87% and the national average of 84%.
- Performance for mental health related indicators was 87%, which was comparable to the CCG average at 87% and the national average of 93%.

Summary of findings

- The practice could not evidence outcomes of multidisciplinary (MDT) meetings with allied health and social care professionals to understand and meet the range and complexity of patients' needs for ongoing care.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing variably compared to local and national averages. Three hundred and seventy six forms were distributed and seventy four were returned. This represented 3% of the practice's patient list.

- 80% found it easy to get through to this surgery by phone which was better than the CCG average of 61% and comparable to the national average of 73%.
- 84% were able to get an appointment to see or speak to someone the last time they tried (CCG average 76%, national average 85%).
- 67% described the overall experience of their GP surgery as fairly good or very good which was comparable to the CCG average of 76% and below the national average of 85%.
- 54% said they would recommend their GP surgery to someone who has just moved to the local area which was comparable to the CCG average of 66%, and below the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 49 comment cards which were all positive about the standard of care received. Patients said they were treated with dignity and respect.

We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. One patient had said the practice is not always clean. The practice had provided Friends and Family Test survey cards to patients but no analysis had been carried out because staff were not sure how to do this.

Areas for improvement

Action the service MUST take to improve

- Ensure appropriate staff qualifications, training and support and implement all necessary employment checks for all staff.
- Implement effective systems for receiving and managing complaints and seeking and recording patients consent.
- Establish systems and processes to identify and mitigate risks to patient's safety including medicines, equipment , infection control and in the event of a medical emergency.
- Implement effective systems and processes to assess, monitor and improve quality.
- Ensure there is leadership knowledge and skill to deliver all improvements.

Action the service SHOULD take to improve

- Take action to address patient dissatisfaction indicated by the GP patient survey results and seek to improve identification of patients that are carers.
- Make arrangements to ensure appropriate monitoring of prescription pads.
- Improve information on the practice leaflet and review patients' access to appointments.

East Ham Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

The team included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to East Ham Medical Centre

The East Ham Medical Centre is situated within NHS Newham Clinical Commissioning Group (CCG). The practice provides services to approximately 2,400 patients under a General Medical Services (GMS) contract. The practice provides a range of enhanced services including child and travel immunisations, Intrauterine Contraceptive Device (IUCD) fitting, and Diabetes Management. It is registered with the Care Quality Commission to carry on the regulated activities of Maternity and midwifery services, Family planning services, Treatment of disease, disorder or injury, and Diagnostic and screening procedures.

The staff team at the practice includes two GP partners (one female working nine sessions per week and one male working two sessions per week), a female practice nurse working six hours over two sessions per week, a newly recruited medical secretary working 34 hours per week and two reception staff (one working eight hours and the other 20 hours per week). The practice manager had left in December 2015 and a medical secretary/ health care assistant in April 2016 and the practice was in the process of recruiting replacement staff including additional practice nursing cover.

Access information we received from the practice was conflicting, including with the practice opening hour's information slip for patients. We checked with the practice and have used the latest information received directly from them for the purposes of this report. The practice's core opening hours are from 9:00am to 1.00pm every weekday. Afternoon opening was from 4.30pm to 6.30pm Monday and Friday and 2.30pm to 6.30pm every Tuesday and Wednesday, the practice closes after morning surgery on Thursday. GP appointments are from 10:20am to 12.10pm every weekday morning. Afternoon appointments are from 4.30pm to 6.00pm Monday and Friday, 2.30pm to 6.00pm every Tuesday and Wednesday. The practice does not offer on-site extended hours; however, off site extended hours were offered every weekday until 9.30pm and on Saturday from 9.00am to 1.00pm through a network of local practices.

Patients telephoning when the practice is closed are transferred automatically to the local Newham GP Co-op out-of-hours service provider. Appointments include pre-bookable appointments, home visits, telephone consultations and urgent appointments for patients who need them.

The practice's location has a higher percentage than national average of people whose working status is unemployed (15% compared to 5% nationally), and a lower percentage of people over 65 years of age (5% compared to 17% nationally). The average life expectancy for the practice is 80 years for males (compared to 77 years within the Clinical Commissioning Group and 79 years nationally), and 82 years for females (compared to 82 years within the Clinical Commissioning Group and 83 years nationally).

We had inspected the provider on 4 February 2014 under the previous regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009 in

response to concerns that one or more of the essential standards of quality and safety were not being met, and it was found be meeting all standards of quality and safety. The previous report can be found at the following link –

http://www.cqc.org.uk/sites/default/files/old_reports/1-542884805_East_Ham_Medical_Centre_INS1-1213869776_Responsive_-_Concerning_Info_04-03-2014.pdf

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 31 May 2016.

During our visit we:

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

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

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

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

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

Please note 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.

Inadequate

Are services safe?

Our findings

Safe track record and learning

There was not an effective system in place for reporting and recording significant events.

- There were no clinical or other significant events identified at the practice.
- There was an incident book but it was plain lined paper and contained no recording structure or prompt to support the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Not all staff knew where the incident book was kept. We checked two entries in the book where staff had recorded occasions where patients had been dissatisfied with the service, including an occasion that indicated a patient had been shouting. There was no evidence on either example that the incidents had been appropriately managed.
- There was no indication when things went wrong with care and treatment that 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.

There was no system in place to receive and cascade patient safety alerts or examples of such alerts, or minutes of meetings where these or any other safety records or incident reports were discussed. There were no systems in place to alert staff about safety issues including clinicians or evidence that lessons were shared or action was taken to improve safety in the practice.

Overview of safety systems and processes

We found that the practice's system for managing patients' clinical test results was not safe because a non-clinical staff member was actioning patients' laboratory test results that were not reviewed by GPs or clinical staff. We asked the practice to stop this arrangement with immediate effect and ensure only qualified GPs carry out the work. The practice wrote to us immediately after inspection to confirm they had changed arrangements and GPs were actioning all test results.

The practice did not have systems, processes and practices in place to keep patients safe and safeguarded from abuse:

- Arrangements to safeguard children and adults were ineffective. Policies were accessible to all staff but staff were unclear about who the safeguarding lead was. Staff told us the lead was one of the partner GPs that was referenced as the lead in the child protection policy dated 20 December 2015, the child health surveillance policy dated 3 November 2015 and the safeguarding adult's policy dated 25 October 2015. However, when we asked that GP about safeguarding they told us the other GP partner was safeguarding lead for both children and adults.
- There was no child protection register. GP partners told us they would attend safeguarding meetings when possible; however, this had not occurred recently. We saw evidence the practice had responded to allied care professionals by providing a report where necessary for other agencies.
- Non-clinical staff demonstrated they understood their responsibilities but they had not received training on safeguarding children or vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 but there was no evidence of safeguarding training for the practice nurse.
- Chaperoning was not taking place at the practice. There was no notice in the waiting room to advise patients that chaperones were available if required. Notices were seen in all consultation rooms but staff were not trained for the role and had not 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 chaperoning policy did not state the need for chaperones to be DBS checked or that clinicians may request a chaperone. We asked GPs about chaperoning and they told us recent staff turnover meant current staff were not yet trained. One of the partners told us things had become difficult after the practice manager had left.
- We observed the premises to be clean and tidy. However, annual infection prevention and control (IPC) audits had not been undertaken and we found no cleaning schedules for patients' privacy curtains, the premises or for clinical equipment such as the peak flow meter or ear irrigator. There were no spillage kits

available (for use in the event of spillage of blood or other body fluid such as urine or vomit) or clinical waste disposal guidelines. The practice had no evidence of staff immunity status or process to check this. Staff including GP partners were unclear who the IPC lead for the practice was. A non-clinical staff member told us one of the GP partners was the lead for everything except prescribing. However, that partner was not aware they were the lead and could not recall when the last IPC audit was carried out or describe any planned actions to address the concerns we identified. We asked partner GPs to clarify the IPC lead and the other GP partner said "I suppose it is me". An IPC policy was in place but there was no evidence that any staff had been appropriately trained according to their role, including the GP partners.

- Not all arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. However, the practice had not carried out medicines audits and had no current guidance to ensure prescribing was in line with best practice guidelines for safe prescribing and the medical secretary told us they were the prescribing lead. Blank prescription forms and pads were securely stored but there were no systems in place to monitor their use. Patient Group Directions (PGDs) had not been adopted by the practice to allow nurses to administer medicines in line with legislation and we found evidence the practice nurse was administering vaccines such as Meningitis C. PGDs had been completed for a partner GP and authorised by a non-clinical staff member which was unnecessary because GPs are prescribers and do not need PGDs to administer medicines. These factors indicated a systemic lack of understanding of the clinical and legal purpose, and importance of PGDs.
- There was no cold chain policy or record of temperatures required to assure medicines safety since April 2016 for one of the two medicines refrigerators which had several expired medicines that were frozen into the back, and no records at all for the other. No action had been taken to check medicines safety. Lead GPs told us temperatures had not been recorded since the medical secretary/ health care assistant left in April 2016 and that expired vaccines were not in use. However, this did not address the risk of any of the expired or frozen medicines being administered to patients. We asked staff to seek advice from the relevant manufacturers that medicines were either safe for use or required disposal, and to confirm actions taken to us the day after inspection. Immediately after inspection the practice told us it had made arrangements for the disposal of the medicines in the refrigerators but it did not provide evidence it had taken actions in line with national guidelines. We followed up with the practice again to facilitate all necessary actions being completed in line with guidance from Public Health England (an executive agency of the Department of Health with a mission to protect and improve the nation's health and address inequalities).
- There was a recruitment policy dated May 2015 but it had not been implemented. There were no personnel files in place for any current staff. Proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service were not undertaken for permanent or temporary staff to comply with the requirements of the Health and Social Care Act (Regulated Activities) Regulations 2014. This applied to both clinical and non-clinical staff such as locum GPs, the practice nurse and secretarial staff. We found no evidence of immunity status for any staff.

Risks to patients were not assessed or well managed.

- The practice had a health and safety policy but associated risk assessments had not been carried out to monitor or manage risks to patient and staff safety. There was no designated health and safety representative or health and safety risk assessment undertaken. The practice updated its health and safety poster on the day of inspection to designate a lead.
- The practice did not have a fire risk assessment, fire safety lead or any staff trained in fire safety. It did not have "action in the event of a fire" notices and had not carried out fire drills or fire extinguisher checks. The fire alarm system had been checked by an external contractor in April 2016 and was deemed to be in full working order.
- Clinical equipment was checked to ensure it was safe to use but general appliances had no electrical safety

checks and the two medicines refrigerators electrical tests were overdue since March 2016. None of the clinical equipment had been calibrated at any time to ensure it was working properly.

- There were no control of substances hazardous to health (COSHH) risk assessments in place. A legionella risk assessment had been carried out in 2013 and monthly water testing was undertaken but the practice could not demonstrate it had managed areas of high risk identified in 2013 such as repositioning pipework, providing awareness training for staff and ensuring water storage is calculated to avoid over capacity. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Staff rota systems were informal but the practice had identified staff shortages and had started to replace staff.

Arrangements to deal with emergencies and major incidents

The practice did not have adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency but only lead GPs had received annual basic life support training.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. However, there was no system in place to ensure emergency medicines remained in date and the practice did not have emergency use atropine (recommended for practices that fit coils/for patients with an abnormally slow heart rate) and had not assessed the risk of having no atropine available. After inspection the practice sent us evidence there had been a shortage of atropine at its usual supplier, but there was no evidence the practice had taken any other action to obtain it for emergency use.
- The practice had a defibrillator available on the premises but it would not open to operate, gave a "low battery" message and had no usage pads. There was no system in place to ensure the defibrillator remained fit for use and it was overdue a safety test from March 2016.
- The practice had two oxygen cylinders but one was too big to move and the other had expired in 2015. There were adult masks but no children's masks or checks to ensure oxygen remained fit for use and accessible in the event of an emergency. GPs told us a trolley was available elsewhere in the practice rooms to move the large oxygen cylinder if required but this posed a risk of undue delay for patients requiring oxygen in the event of an emergency. After inspection the practice sent us evidence it had initiated a contract with a supplier for oxygen but did not confirm the size of the cylinder or provision of children's masks.
- There was no accident book but first aid kits were available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. Emergency contact numbers for staff were out of date due to recent staffing changes.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice could not sufficiently demonstrate it 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.

- There were no systems in place at the practice to keep clinical staff up to date, or reference examples of best practice guidelines available at the practice. There was no process for staff to share or embed best practice. GPs told us they stayed up to date through attending local clinical meetings and discussed difficult cases with consultants as needed.

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 94% of the total number of points available, with 6% exception reporting.

Data from 1 April 2014 to 31 March 2015 showed the practice was an outlier for some QOF clinical targets:

- Number of Ibuprofen and Naproxen Items prescribed as a percentage of all Non-Steroidal Anti-Inflammatory drugs (NSAIDs) Items prescribed (01/07/2014 to 30/06/2015). However, we checked current information held locally at the practice and found improvements had been made with number of applicable patients being reduced to 11.
- The ratio of reported versus expected prevalence for Chronic Obstructive Pulmonary Disease (COPD). However, the practice population was young which explained the lower prevalence.

This practice was not an outlier for any other QOF (or other national) clinical targets. Data from 2014 - 2015 showed;

- Performance for diabetes related indicators was 92% which is similar to CCG and national averages (CCG average 87%, national average of 89%)
- The percentage of patients with hypertension having regular blood pressure tests was 95%, which is similar to the CCG and national averages of 84%
- Performance for mental health related indicators was 87%, which was similar to CCG and national averages (CCG average 87%, national average 93%)

The practice carried out audits but did not carry out completed two cycle audits to improve patient outcomes. The two most recent audits were single cycle, one in 2015 relating to cancer care and the other in April 2016 looking at the appropriateness of paediatric referrals. (Paediatrics is a medical specialty that manages medical conditions affecting babies, children and young people). No second cycles of these audits were planned and there was no evidence of any other quality improvement activity.

Effective staffing

Staff did not have the skills, knowledge and experience to deliver effective care and treatment.

- The practice did not have an induction programme in place to cover such topics such as fire safety, health and safety, confidentiality, safeguarding or infection prevention and control. Staff told us they had been shown around but there was no documentary evidence of this or checklist for essential induction topics.
- The practice could not demonstrate any role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. There was evidence one of the GPs received a diploma in 2001 that covered IUCD (Intrauterine Contraceptive Device also known as the “coil”) and implants (the birth control implant is a thin, flexible plastic implant about the size of a cardboard matchstick. It is inserted under the skin of the upper arm. It protects against pregnancy for up to 4 years).
- The provider could not demonstrate staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. There was no evidence of discussion at practice meetings or staff access to online resources to demonstrate staff who administered vaccines stayed up to date with changes to the immunisation programmes.
- There was no system in place to identify staff training and development needs. However, current staff were too new to have received an appraisal.

Inadequate

Are services effective?

(for example, treatment is effective)

- All GPs were appraised, revalidated and registered with the General Medical Council (GMC).
- Staff had not received training such as safeguarding, fire safety awareness, basic life support and information governance. We found no evidence of staff access to e-learning training modules and in-house training.

Coordinating patient care and information sharing

Information needed to plan and deliver care and treatment was not always available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- Care plans and risk assessments were mostly comprehensive and regularly reviewed. However, we found some were not personalised or noted "care plan agreed" when there was none in place.
- We checked a GP inbox and found 103 patients test results, the oldest result dated back to 30 April 2016. We checked the corresponding record and found the result was abnormal which was noted on 18 May 2016. There was no record of contacting the patient and the patient had not been seen since 18 May 2016.
- Although the result was abnormal it was not a high clinical risk that the patient had not been seen.
- The practice could not demonstrate how it shared relevant information with other services in a timely way. No-one had overall responsibility and there was no recognisable or reliable system in place.
- GPs advised us they attended quarterly multidisciplinary (MDT) meetings with allied health and social care professionals to understand and meet the range and complexity of patients' needs for ongoing care. However, records of MDT meetings were limited to a list of attendees on 26 May 2016. GPs told us one meeting had been missed and notes from 26 May 2016 were being prepared. The next most recent meeting notes dated back to 13 November 2015 but the notes were comprehensive.
- Practice meetings were held fortnightly but notes were limited to a list of attendee's names as there was no record of discussions or agreed actions.
- The practice had identified 50 patients at high risk of unplanned admission to hospital such as frail elderly people but GPs could not tell us how or where this information came from. There was a system in place that removed patients from the list after six months but no method of follow up to assure the wellbeing of these patients. However, the practice had carried out advance care planning for patients with dementia. There was a register of patients over 75 years old and these patients were followed up by GPs for an annual health check.
- Arrangements were in place to review care for vulnerable patients following their attendance at accident and emergency (A&E) or unplanned admission to hospital. GPs read unplanned admissions and discharge letters from A&E, and where relevant staff booked an appointment to see the GP.

Consent to care and treatment

Staff had not always sought patients' consent to care and treatment in line with legislation and guidance.

- No staff had been trained on the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. GPs understood the principles but had no examples to evidence this was carried out.
- Staff were aware of assessments of capacity to consent in line with relevant guidance when providing care and treatment for children and young people but had no examples to demonstrate this.
- The process for seeking consent was undertaken for example when fitting an IUCD, but verbal or written consent had not been recorded for childhood immunisations. There was no auditing or monitoring of consent or log of procedures performed.

Supporting patients to live healthier lives

The practice identified some patients who may be in need of extra support. For example:

- Patients with a mental health condition or learning disability, carers, those at risk of developing a long-term condition and carers.
- Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 96% compared to the CCG average of 81% and the national average of 82%. However, exception reporting rates were high at 17% compared to 11% in the CCG and 6% nationally.

Failsafe systems to ensure results were received for all samples sent for the cervical screening programme had lapsed. No records had been made since January 2015.

Inadequate

Are services effective?

(for example, treatment is effective)

The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data from the National Cancer Intelligence Network Data (NCIN) published March 2016 showed:

- 64% of female patients aged 50-70 years were screened for breast cancer in last 36 months, (CCG average 60%, national average 72%)
- 38% of patients aged 60-69 years were screened for bowel cancer in last 30 months, (CCG average 41%, national average 58%)

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 76% to 94% (CCG ranged from 82% to 84%), and five year olds from 88% to 98% (CCG ranged from 83% 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.

Inadequate

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect. Data from the national GP patient survey published in January 2016 showed the practice was significantly below both local and national averages in many aspects of care, and the practice had not taken any action to improve. Seventy four patients returned the survey, this represented 3% of the practice's patient list.

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

All of the 49 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 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 published in January 2016 showed the practice was lower and in some cases significantly lower than the CCG and national average for most of its satisfaction scores on consultations with GPs and nurses. For example:

- 57% said the GP was good at listening to them compared to the CCG average of 83% and national average of 89%.
- 65% said the GP gave them enough time (CCG average 80%, national average 87%).
- 79% said they had confidence and trust in the last GP they saw (CCG average 91%, national average 95%).
- 58% said the last GP they spoke to was good at treating them with care and concern (CCG average 76%, national average 85%).
- 72% said the last nurse they spoke to was good at treating them with care and concern (CCG average 80%, national average 91%).
- 93% said they found the receptionists at the practice helpful (CCG average 80%, national average 87%).

We asked GPs about the lower scores and there were no current plans to address this.

We checked data on the NHS Choices website that showed only 52% of patients would recommend the practice which was among the worst.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients did not always respond positively to questions about their involvement in planning and making decisions about their care and treatment. Results were generally below local and national averages. For example:

- 63% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and national average of 86%.
- 61% said the last GP they saw was good at involving them in decisions about their care (CCG average 74%, national average 82%).
- 77% said the last nurse they saw was good at involving them in decisions about their care (CCG average 77%, national average 85%).

The practice were not able to evidence how any improvements were made in response to results from the national GP patient survey.

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

- Staff were able to speak languages such as Guajarati, Urdu, Hindi and Punjabi to communicate with some

patients who did not have English as a first language, but there was no notice in the reception area to informing patient's translation services were available for other patients whose first language was not English.

- 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. The practice did not have a website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified eight patients as carers which was less than 1% of the practice list. The practice gave carers priority for telephone appointments and offered influenza vaccinations. Written information such as leaflets for the local carer's week the same month June 2016 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. 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.

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had not reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services.

- The practice did not offer on-site extended hours; however, off site extended hours were offered every weekday until 9.30pm and on Saturday from 9.00am to 1.00pm through a network of local practices for working patients who could not attend during normal opening hours.
- The practice had attempted to arrange GP cover but arrangements broke down and there was none for six full days across three separate occasions in March 2016 whilst the partners were on holiday. The practice had remained open at reception but no GP service was provided.
- There was no website or practice leaflet for patients except for a slip showing surgery timings.
- Information available for patients in the reception area was limited. For example, there was information on bowel and breast cancer screening but none on mental health, bereavement or weight management.
- The practice offered longer appointments 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.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities and a hearing loop available. Translation services were available but not advertised in the reception area.

Access to the service

The practice was open between 9:00am and 1.00pm every weekday morning. Afternoon opening was from 4.30pm to 6.30pm Monday and Friday and 2.30pm to 6.30pm every Tuesday and Wednesday. The practice closed after morning surgery on Thursday. The practice did not offer on-site extended hours; however off site extended hours were offered every weekday until 9.30pm and on Saturday from 9.00am to 1.00pm through a network of local practices. Patients telephoning when the practice is closed were transferred to the local Newham GP Co-op out-of-hours service provider. Appointments included pre-bookable appointments, home visits, telephone consultations and urgent appointments for patients who need them.

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

- 64% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 78%.
- 80% of patients said they could get through easily to the practice by phone compared to the CCG average of 61% and national average of 73%.

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 did not have an effective system in place for handling complaints and concerns.

- Its complaints policy and procedure was overdue a review since March 2015 and the nominated complaints manager was no longer working at the practice. However, the policy was otherwise in line with recognised guidance and contractual obligations for GPs in England.
- There was no poster or complaints information in the reception area, but there was an information sheet behind reception available to help patients understand the complaints system.

The practice told us it received one complaint within the last twelve months and had made a written response by hand, but the complaint was not date stamped and there was no evidence of any follow up. We found another complaint that was dealt with satisfactorily and in a timely way. For example, the practice had contacted a patient who felt rushed and offered an apology and a follow up call. However, we also found the practice was not recording or responding to all complaints and the process was ineffective. For example, there were numerous records made by staff describing patients' dissatisfaction that had not been managed appropriately or at all. The practice

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

could not demonstrate that lessons were learnt from individual concerns and complaints or from analysis of trends, or that action was taken to as a result to improve the quality of care.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

The practice did not have a mission statement, formal strategy or business plan.

Governance arrangements

The practice governance framework did not support the delivery of safe or effective care:

- There were no staffing structures in place to give staff guidance or ensure clear lines of responsibility or adequate cover. For example, patients were at risk of harm because there was a non-clinical staff member was actioning patient's laboratory test results. There were gaps in staff training or no staff training in areas such as safeguarding, basic life support, infection control, fire safety and chaperoning.
- GPs told us they were short of staff which had impacted and the practice had been left without GP cover on six occasions when cover whilst the partners were on holiday. We conveyed this information to the relevant body for further investigation.
- Systems and processes had not been implemented to identify or address safety critical risks such as fire safety, health and safety including equipment and premises, and medicines management.
- There was no evidence of an open culture and a lack of identification and management of significant events. Refrigerated medicines temperatures had not been monitored, arrangements for seeking and recording patients consent were not consistent and failsafes for patient's cervical cytology screening had lapsed.
- Practice specific policies and procedures were insufficient, out of date, or not implemented. For example, the infection control policy, chaperoning policy, recruitment policy, complains policy and no induction or cold chain policy.

Leadership and culture

On the day of inspection the partner GPs did not demonstrate they had the experience, knowledge and skill to run the practice and ensure high quality care. For example, there was a lack of quality improvement processes such as continuous clinical and internal audit or effective action plans.

The provider had no systems 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).There was no support training for staff on communicating with patients about notifiable safety incidents. The practice could not demonstrate it encouraged a culture of openness and honesty in managing significant events.

The practice did not have systems in place to ensure that when things went wrong with care and treatment it gave affected people reasonable support, truthful information and a verbal and written apology.

Leadership and management arrangements were unclear but staff felt supported by management.

- Staff were aware of their own roles and responsibilities and told us one of the partners was the lead for everything except prescribing. However, the nominated GP partner was not aware they were the lead for example for safeguarding.
- There were no documented team meetings, strategic plans or operational action plans.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners but they were not involved in discussions about how to run and develop the practice.

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

The practice encouraged and valued feedback from patients and staff. For example:

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, it had suggested the practice stay open until 6.30pm to improve access for working people and the practice had done so. Patient's survey results had not been analysed due to vacancies of key staff.

Are services well-led?

Inadequate

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

- Staff told us they would not hesitate to give feedback and discuss issues with colleagues and management but the practice had no systems to capture and use staff feedback.